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ATTORNEYS FOR PLAINTIFFS

UNITED STATES DISTRICT COURT
DISTRICT OF OREGON
EUGENE DIVISION

WYATT B. and NOAH F. by their next friend Michelle McAllister; KYLIE R. and ALEC R. by their next friend Kathleen Megill Strek; UNIQUE L. by her next friend Annette Smith; SIMON S. by his next friend Paul Aubry; RUTH T. by her next friend Michelle Bartov; BERNARD C. by his next friend Ksen Murry; NAOMI B. by her next friend Kathleen Megill Strek; and NORMAN N. by his next friend Tracy Gregg, individually and on behalf of all others similarly situated,

Plaintiffs,

v.

TINA KOTEK, Governor of Oregon in her official capacity; FARIBORZ PAKSERESHT, Director, Oregon Department of Human Services in his official capacity; APRILLE FLINT-GERNER, Director, Child Welfare in her official capacity; and OREGON DEPARTMENT OF HUMAN SERVICES,

Defendants.

CASE NO. 6:19-cv-00556-AA

DECLARATION OF STEVEN RIZZO IN SUPPORT OF MOTION TO EXCLUDE STACEY L. MOSS

1 – DECLARATION OF STEVEN RIZZO IN SUPPORT OF PLAINTIFFS’ MOTION TO EXCLUDE STACEY L. MOSS

I, Mr. Steven Rizzo, declare as follows:

1. On behalf of Plaintiffs in the above-captioned matter, I have personal knowledge and make this Declaration in support of Plaintiffs' Motion to Exclude Stacey L. Moss
2. Attached as Exhibit 1 is a true and accurate copy of relevant pages from the March 18, 2024 deposition of Stacey L. Moss.
3. Attached as Exhibit 2 is a true and accurate copy of the Public Knowledge LLC home webpage.
4. Attached as Exhibit 3 is a true and accurate copy of Public Knowledge LLC Programs webpage.
5. Attached as Exhibit 4 is a true and accurate copy of the September 13, 2016 Oregon Department of Human Services Child Safety in Substitute Care Independent Review.
6. Attached as Exhibit 5 is a true and accurate copy of the Expert Witness Contract between Public Knowledge, Markowitz Herbold PC, and the Oregon Department of Administrative Services.
7. Attached as Exhibit 6 is a true and accurate copy of a Markowitz Herbold PC Legal Standards Memo, which is undated and unsubscribed.
8. Attached as Exhibit 7 is a true and accurate copy of the September 17, 2021 correspondence sent by Public Knowledge LLC Program Manager Allison Olson to Mr. Vivek Kothari and attached Assessment Methodology / Protocols for Markowitz Herbold PC.
9. Attached as Exhibit 8 is a true and accurate copy of the December 15, 2023 Oregon Child Welfare Draft Assessment Findings Report to Markowitz Herbold PC.
10. Attached as Exhibit 9 is a true and accurate copy of Stacey Moss's curriculum vitae.
11. Attached as Exhibit 10 is a true and accurate copy of the National Association of Counsel for Children Standards for Child Welfare Law Attorney Specialty Certification.

2 – DECLARATION OF STEVEN RIZZO IN SUPPORT OF PLAINTIFFS' MOTION TO EXCLUDE STACEY L. MOSS

12. Attached as Exhibit 11 is a true and accurate copy of the cover page of the This is Me podcast webpage prepared by Stacey Moss.

13. Attached as Exhibit 12 is a true and accurate copy of the January 8, 2020 GLI Group's announcement acquiring Public Knowledge LLC.

14. Attached as exhibit 13 is a true and accurate copy of Public Knowledge LLC's March 1, 2024 Supplemental Assessment of Services for Youth Aging out of Foster Care for Markowitz Herbold.

I declare under penalty of perjury that the foregoing is true and correct.

DATED: April 9, 2024

RIZZO BOSWORTH ERAUT PC

By: /s/ Steven Rizzo

3 – DECLARATION OF STEVEN RIZZO IN SUPPORT OF PLAINTIFFS' MOTION TO EXCLUDE STACEY L. MOSS

UNITED STATES DISTRICT COURT
DISTRICT OF OREGON
EUGENE DIVISION

WYATT B. and NOAH F. by their)
next friend Michelle McAllister;)
KYLIE R. and ALEC R. by their)
next friend Kathleen Megill)
Strek; UNIQUE L. by her next)
friend Annette Smith; SIMON S. by)
his next friend Paul Aubry;)
RUTH T. by her next friend)
Michelle Bartov; BERNARD C. by)
his next friend Ksen Murry; NAOMI)
B. by her next friend Kathleen)
Megill Strek; and NORMAN N. by)
his next friend Tracy Gregg,)
individually and on behalf of all)
others similarly situated,)
Plaintiffs,)

vs.)

No. 6:19-cv-00556-AA

TINA KOTEK, Governor of Oregon in)
her official capacity; FARIBORZ)
PAKSERESHT, Director, Oregon)
Department of Human Services in)
his official capacity; APRILLE)
FLINT-GERNER, Director, Child)
Welfare in her official capacity;)
and OREGON DEPARTMENT OF HUMAN)
SERVICES,)
Defendants.)

VIDEO-RECORDED DEPOSITION
OF
STACEY L. MOSS

DATE TAKEN: March 18, 2024
TIME: 9:00 a.m.
PLACE: 1455 S.W. Broadway, Suite 1900
Portland, Oregon

COURT REPORTER: Teresa L. Rider, CRR, RPR, CCR, CSR

Page 1

1 A. Zachary Kastelic.

2 Q. How do you spell the last name?

3 A. I don't actually know the spelling. I can look
4 it up, but I don't know it off the top of my head. It's
5 with a K. 09:27:22

6 Q. Okay. And in Cheyenne or --

7 A. No. Actually, he's in Kansas City, Missouri.

8 Q. With what firm, do you know?

9 A. He's inside general counsel for GLI Capital
10 Group, which is the investment holding company that owns 09:27:35
11 PublicKnowledge.

12 Q. Gaming Labs, International?

13 A. No. It's GLI Capital Group. Gaming Labs is
14 one company that they own.

15 Q. So GLI is the holding company? 09:27:47

16 A. Uh-huh.

17 Q. We'll talk about that in a bit.

18 Have you ever had your deposition taken before?

19 A. Not in a very long time, no.

20 Q. When were you deposed previously? 09:27:59

21 A. In a couple of family law cases early on in my
22 career when I was practicing and representing kids and
23 doing family law.

24 Q. And why were you deposed as in what type of
25 case? 09:28:16

Page 7

1 A. It was in a divorce case based on my work as a
2 guardian ad litem in an underlying abuse and neglect
3 case.

4 Q. Have you ever testified as an expert witness?

5 A. I have not. 09:28:28

6 Q. So you've never testified as an expert witness
7 in a court of law; is that right?

8 A. Correct.

9 Q. And same thing, you've never testified or been
10 sworn as a witness in front of a legislative body? 09:28:41

11 A. We have reported to legislature but not sworn
12 in, no.

13 Q. Same thing with a municipal or other public
14 body?

15 A. Correct. 09:28:54

16 Q. And I want to just ask you some background
17 questions.

18 Are you married?

19 A. No, I am not.

20 Q. Are you divorced? 09:29:02

21 A. Yes.

22 Q. And what was your husband's name?

23 A. Matthew Obrecht.

24 Q. O-b-r-e-c-h-t?

25 A. Correct. 09:29:14

Page 8

1 Q. Is he a lawyer?

2 A. He is.

3 Q. And where does he practice?

4 A. He runs the legislative service office for the

5 State of Wyoming. 09:29:25

6 Q. So anyone from Wyoming, I always ask, do you
7 know Jerry Spence?

8 A. I do.

9 Q. Did your husband have an internship or a
10 clerkship with his firm at any time? 09:29:35

11 A. With Jerry Spence's firm?

12 Q. Uh-huh.

13 A. No.

14 Q. Too bad.

15 So how do you know Jerry Spence or how did you
16 know? 09:29:41

17 MR. KOTHARI: Object, relevance.

18 THE WITNESS: He's well known, and I actually
19 worked for the Trial Lawyer's Group. I interned with the
20 Trial Lawyer's Group that he ran. 09:29:56

21 BY MR. RIZZO:

22 Q. I see from your CV in the report you have kids.
23 What are their ages?

24 A. I have three kids: a daughter who's five; a
25 son who's 13; and my oldest son who is 16. 09:30:09

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1 Q. Have you had any experience with your family
2 vis-à-vis the foster care system?

3 A. No.

4 Q. Have you ever fostered any children?

5 A. No. 09:30:24

6 Q. And where did you go to school to get your
7 undergraduate?

8 A. I graduated from the University of Northern
9 Colorado in Greeley, Colorado.

10 Q. And what was your area of focus? 09:30:37

11 A. Bachelor of Arts in sociology with a minor in
12 legal studies.

13 Q. Did you take any classes or have coursework in
14 child psychology?

15 A. No. 09:30:50

16 Q. How about in any type of a science, science
17 methods?

18 A. Statistical courses.

19 Q. Tell me about those. What statistical courses?

20 A. I don't recall, unfortunately, it's been a 09:31:02
21 while.

22 Q. I had, for example, Intro to Statistics.

23 Did you go beyond that?

24 A. Yes. I had multiple statistics courses, but I
25 don't recall. 09:31:14

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1 Q. In your work at PublicKnowledge, do you
2 regularly deal with or compute statistical information?

3 A. I definitely work with our data team. I have a
4 data team, but I do work with them and help provide
5 leadership to them in data, especially around childcare. 09:31:33

6 Q. I'm talking about applying statistical methods
7 to a study.

8 Do you do that?

9 A. Yes, with our team.

10 Q. Tell me about that. 09:31:45

11 A. Yeah. So we do assessment work in lots of
12 different states, and so -- and we use data for that
13 work.

14 Q. Okay. Well, for example, do you compute
15 confidence intervals with respect to the state that 09:31:59
16 you're talking about?

17 A. No, that's other people.

18 Q. Other people at PublicKnowledge?

19 A. Correct.

20 Q. Who is in charge of that at PublicKnowledge? 09:32:07

21 A. We have a team that does that. We're a pretty
22 flat organization so there's no kind of middle management
23 between me and that team.

24 Q. Who is the leader of that?

25 A. It's a group of people. 09:32:21

Page 11

1 Q. Who's, like, the most responsible person?

2 A. The one applicable to this work is Susan Smith.

3 She assisted and has been involved recently.

4 Q. And what is Susan Smith's background?

5 A. She's a researcher. She is a doctorate 09:32:36

6 researcher, spent 16-plus years at Casey doing data work

7 and running the data time.

8 Q. What is Casey?

9 A. Casey Family.

10 Q. C-a-s-e-y? 09:32:54

11 A. Yes.

12 Q. Did you take any courses in social work?

13 A. Sociology and related, but, no, not that I can

14 recall.

15 Q. And you don't have a degree in statistics or 09:33:08

16 statistical analysis, right?

17 A. I do not.

18 Q. How about did you take any classes in survey

19 research methods?

20 A. I do not recall. 09:33:20

21 Q. And when did you graduate from University of

22 Northern Colorado?

23 A. 2002.

24 Q. And then you went to law school when?

25 A. I started in 2003 and graduated in 2006. 09:33:31

Page 12

1 Q. And did you have a particular area of focus?

2 A. No. I was focused on family law, public
3 defense, child welfare, but it was a general law degree.

4 Q. I got a little low on ink here.

5 (Last answer read.) 09:34:10

6 BY MR. RIZZO:

7 Q. What courses did you take in law school dealing
8 with family law and child welfare?

9 A. We had a family law course that I took. There
10 was one on domestic violence and there was also one on 09:34:34
11 children and the law. And then I also ran our clinic
12 that focused on domestic violence, child welfare and
13 family law.

14 Q. And then did you go into private practice
15 following graduation? 09:34:56

16 A. I did.

17 Q. And where did you go to work?

18 A. In Laramie, Wyoming, for Corthell & King.
19 Corthell, which starts with a C, and King.

20 Q. And what was that firm's practice, mainly? 09:35:06

21 A. Very general law. Mine focused on family law
22 and child welfare, but I did some other work, as well.

23 Q. What work in child welfare -- I looked back
24 through some of your biographical materials -- what work
25 did you do in child welfare in the Corthell firm? 09:35:25

Page 13

1 A. There I represented both parents and children
2 in juvenile court.

3 Q. Cases?

4 A. Both abuse and negligent and juvenile.

5 Q. We call that dependency here in Oregon. 09:35:38

6 So you had both criminal or quasi-criminal with
7 respect to delinquency?

8 A. Yes, quasi. It was in our juvenile court
9 still.

10 Q. How long did you do that type of work while you 09:35:50
11 were at that firm?

12 A. I'm relying on memory here, but I think I was
13 there for less than a year before I went to the Attorney
14 General's office.

15 Q. For the state of Wyoming? 09:36:01

16 A. Correct.

17 Q. I did a little background. It looks like you
18 were associated with three appeals in the state of
19 Wyoming.

20 A. Uh-huh. I think more than that. But at the 09:36:10
21 time, I was at the Attorney General's office, yes.

22 Q. I just got through that through Lexus Nexus.
23 One of them was KH v Wyoming Department of Family
24 Services.

25 Do you recall that? 09:36:24

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1 A. I do not.

2 Q. All I know at the moment it was a TPR involving
3 mother in 2007.

4 A. Uh-huh.

5 Q. That's termination of parental rights? 09:36:32

6 A. Correct.

7 Q. You were representing the State to terminate
8 mother's rights?

9 A. Correct. I was on the team that did TPR work
10 for the State. 09:36:43

11 Q. And do you remember anything about that case,
12 like, the impact on the family or the child?

13 A. I do not.

14 Q. Then I see you were involved with JA v State,
15 otherwise known as In Re: DSB, in 2008, do you remember 09:36:57
16 that?

17 A. No.

18 Q. It looked like it was an adjudicatory hearing
19 regarding the timeliness of the filing of a neglect
20 petition. 09:37:08

21 Bring anything back?

22 A. It does not.

23 Q. Do you remember what side you were on at that
24 time?

25 A. When I was there, I was representing the 09:37:12

Page 15

1 there sometimes will be a delay or I may not hear about
2 it.

3 Q. So in other words, there would be times where
4 there was abuse or neglect, but you were not informed.

5 A. Correct. And maybe not timely, either. 09:40:53

6 Q. And did that impact, at least from time to
7 time, your ability to represent the stated interests of
8 the children?

9 A. It would depend probably on the client. Most
10 of the time, I was in conversations with those clients, 09:41:06
11 so I was getting information from them, as well.

12 Q. Was that type of information, for example,
13 whether a child's abused or neglected in care, was that
14 important for you to know what the necessary services and
15 treatment plan would be? 09:41:31

16 A. Definitely part of understanding my client,
17 yes.

18 Q. I see that you had a -- I'll move through this
19 in chrono. I just want to park for a minute.

20 I see what you have is a child welfare law 09:41:48
21 expert credential. Can you explain to me what that is?

22 A. It's from the National Association of Counsel
23 for Children, NACC, and it's an extra certification. You
24 go through training. You show evidence of actually
25 practicing in child welfare law and then you take an 09:42:06

Page 19

1 exam. And if you pass it, you get that certification.

2 And then it's recertified, I believe, every four or five
3 years. I don't remember the exact timing.

4 Q. And do you continue to renew your
5 certification?

09:42:23

6 A. I do.

7 Q. And each time you renew, do you have to take
8 the test again?

9 A. No.

10 Q. So once you qualify, you're able to renew.

09:42:29

11 A. You have to show training, work in child
12 welfare, substantive work in child welfare in order to
13 continue to keep that certification.

14 Q. So what would be your substantive work in child
15 welfare law?

09:42:45

16 A. The work that I'm doing at PublicKnowledge over
17 the last 11 years. That's been what it is for the last
18 11 years.

19 Q. So you can work for a management consulting
20 firm that deals with child welfare issues and still
21 maintain your certification?

09:42:56

22 A. You can show policy work that -- policy,
23 training, right, work in the field. It's not necessarily
24 direct representation that does qualify.

25 Q. And if I understood it, for purposes of that

09:43:13

Page 20

1 Q. In connection with one of these reports you had
2 written for the court?

3 A. Correct.

4 Q. Beyond that, beyond the issuance of those
5 opinions that were required, I presume by Wyoming 09:44:56
6 procedure, have you ever given an opinion in a court of
7 law on a legal standard?

8 A. No.

9 Q. Have you ever appeared a federal civil rights
10 case? 09:45:13

11 A. I have not.

12 Q. Have you ever appeared in federal court?

13 A. No.

14 Q. Are you a member of any federal bar
15 association, like, for the District of Wyoming, for 09:45:24
16 example?

17 A. I am not.

18 Q. Are you a member of any federal legal society?

19 A. No.

20 Q. And I take it then, based on what I just asked 09:45:33
21 you, you never litigated a substantive due process claim
22 under the 14th Amendment, right?

23 A. No.

24 Q. So therefore, I take it you're not claiming to
25 be an expert on 14th Amendment substantive due process. 09:45:48

Page 22

1 A. I am not.

2 Q. Have you ever litigated an American With
3 Disabilities Act case or claim?

4 A. Not that I can recall.

5 Q. Have you ever litigated a claim under the Child 09:46:06
6 Welfare Act?

7 A. In --

8 Q. Federal?

9 A. No.

10 Q. You were about to say state. 09:46:17

11 A. In state or federal, yes.

12 Q. So under the Wyoming Child Welfare Law, did
13 that adopt or was it substantially similar to the federal
14 law?

15 A. It's similar to the ACS. 09:46:29

16 Q. And in what ways?

17 A. I could not recall at the moment.

18 Q. Have you ever litigated under -- a claim under
19 the Adoption and Safe Families Act?

20 A. No. 09:46:45

21 Q. Do you claim to be a legal expert in that, in
22 ASFA?

23 A. I understand ASFA and have trained on ASFA
24 multiple times, but not in a court context. I've not
25 litigated in a court context in ASFA. 09:46:58

Page 23

1 Q. So in this case, are you claiming to be an
2 expert in this area?

3 MR. KOTHARI: Objection, calls for a legal
4 conclusion.

5 BY MR. RIZZO: 09:47:07

6 Q. You can answer.

7 A. Yeah. Again, it's a law that I know well and
8 train on. That's about all I can say.

9 Q. I'm going to have to ask you if you can just
10 try to give me a yes or no. 09:47:16

11 MR. KOTHARI: Objection, I don't think that
12 that is required. The witness is allowed however she
13 wants.

14 BY MR. RIZZO:

15 Q. That's fine, but my question stands. 09:47:24

16 Are you claiming to be a legal expert in this
17 case for purposes of the Child Welfare Act?

18 MR. KOTHARI: The same objections.

19 THE WITNESS: I thought you were asking about
20 ASFA. I'm confused now on your question. 09:47:37

21 BY MR. RIZZO:

22 Q. Let's go to ASFA. Are you claiming to be a
23 legal expert to give opinions with respect to the
24 application of that law for purposes of this case?

25 A. No. 09:47:48

Page 24

1 Q. Have you ever been employed as a public policy
2 analyst?

3 A. No.

4 Q. Have you ever worked for a child welfare
5 agency?

09:48:01

6 A. I've represented them. I was their attorney in
7 Wyoming when I worked for the Attorney General's office.

8 Q. Have you ever been a caseworker?

9 A. No. I've represented them, but I have not done
10 that.

09:48:20

11 Q. And you've never been a certifier of homes,
12 correct?

13 A. Correct.

14 Q. And you've never been a CPS, Child Protective
15 Services, type investigator?

09:48:29

16 A. Represented them, but I have not done their
17 job.

18 Q. Have you ever written any child welfare
19 policies?

20 A. I have.

09:48:37

21 Q. Well, tell me about that. What's your
22 experience?

23 A. I've written them both in Wyoming at the
24 Attorney General's office. Part of my representation of
25 the Department of Family Services was helping them write

09:48:47

Page 25

1 their policy and review their policy every time that they
2 changed it as well as input into any legislation we
3 reviewed and gave our opinions on any legislative
4 policies.

5 And then also at PublicKnowledge over the last 09:49:01
6 11 years, we've helped multiple states and I've helped
7 multiple states write and review and revise policies.

8 Q. Did the DHS ask you to write or review any of
9 its policies and procedures?

10 MR. KOTHARI: Objection, vague. 09:49:18

11 THE WITNESS: Which?

12 BY MR. RIZZO:

13 Q. This DHS, the department.

14 A. Oregon?

15 Q. Right. 09:49:23

16 A. No. I did review them as part of the 2016
17 independent assessment.

18 Q. But, I mean, in connection with this lawsuit,
19 you weren't asked to review or revise any of the DHS's
20 policies, right? 09:49:37

21 A. We reviewed them. I was not asked to revise
22 them.

23 Q. Are you a member of any federal or state board
24 or commission regarding child welfare?

25 A. No. 09:49:52

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1 Q. And I take it you've never done any lobbying
2 with respect to PublicKnowledge.

3 A. Not with PublicKnowledge, no.

4 Q. With other organizations?

5 A. I wouldn't call it lobbying. When I was at the 09:50:05
6 GAL program, I worked often with the legislature to try
7 to affect our laws around our agency.

8 Q. I saw, too, that you have a certification in
9 PMP, which I understand to be Project Management
10 Professional. 09:50:23

11 A. Correct.

12 Q. Can you give me some explanation of what that
13 is.

14 A. Yeah. That's from the Project Management
15 Institute, and similar to the child welfare law 09:50:31
16 specialist, you have to show training in project
17 management, actual practice in project management and
18 then you study and take an exam in order to receive it.

19 Q. And when's the last time you took that exam?

20 A. The year that I got the certification, which 09:50:48
21 would have been somewhere around 2013, '14. And then you
22 have to be recertified every, I believe, every three
23 years.

24 Q. And under that certification, what does a
25 Project Management Professional do? In other words, what 09:51:09

Page 27

1 are your certified to do?

2 A. You're certified to actually act as a project
3 manager, which is watching scope, budget and timelines
4 for projects. You're looking at project management,
5 people management, risk management, data, schedules, some 09:51:28
6 examples.

7 Q. It sounds like a general contractor in a way.

8 A. I wouldn't -- I wouldn't phrase it that way,
9 but you're actually just executing on a plan,
10 essentially, and setting that plan, as well. 09:51:45

11 Q. So you're basically managing a group of people
12 who are committed to one common purpose.

13 A. To achieve a project, yeah.

14 Q. And outcome, right, in your world?

15 A. Yeah. 09:51:58

16 Q. And how many projects have you managed?

17 A. Over 50. I don't know the exact number off the
18 top of my head.

19 Q. All with PublicKnowledge?

20 A. No. I managed projects before PublicKnowledge, 09:52:12
21 as well.

22 Q. Where?

23 A. At the Attorney General's office and at the GAL
24 program.

25 Q. You also have, I'm going to call it a 09:52:21

Page 28

1 1 Q. What have you trained on with respect to CQI?

2 2 A. I do our training internally around CQI and
3 3 implementation science, and then I've also done it -- I
4 4 did it for approximately five years for the Capacity
5 5 Building Center for Courts, and then trained on it for
09:55:15

6 6 new workers and agency staff when I was at the Attorney
7 7 General's office, as well.

8 8 Q. Do you read or subscribe to any professional
9 9 journals or publications?

10 0 A. I read lots. Not off the top of my head. But,
09:55:34

11 1 yes, I read lots around the areas that I practice in.

12 2 Q. Can you name any of the publications?

13 3 A. Yeah. I'm looking at things that are coming
14 4 from the Capacity Building Centers, the Child Welfare
15 5 League of America and things that I'm seeing, you know,
09:55:53

16 6 online.

17 7 Q. Can you give me, for example, like a
18 8 professional journal that you subscribe to?

19 9 A. No.

20 0 Q. Do you recognize the Child Maltreatment Journal, have
09:56:02

21 1 you heard of that?

22 2 A. I have not.

23 3 Q. How about the Journal of Child Abuse and
24 4 Neglect, do you recognize that as authoritative
25 5 publication?

09:56:19

Page 31

1 A. Not off the top of my head.

2 Q. I saw in, looks like, 2006, you wrote the High
3 Times Law Review article.

4 A. Yes.

5 Q. Have you published any other articles since 09:56:30
6 then?

7 A. There are others listed in there, as well, yes,
8 a lot of articles in my CV around other topics.

9 Q. And what are those?

10 A. I cannot remember off the top of my head. 09:56:45

11 Q. What were the topics, how about that?

12 A. There's one that I wrote with Donna Playton,
13 actually maybe two with Donna Playton, around family law
14 or domestic violence, yeah. And then the other ones were
15 likely about GAL work in Wyoming. 09:57:01

16 Q. And do you know how recent your last
17 publication was in that regard?

18 A. Probably 2010 to 2013, yeah, but I don't
19 recall.

20 Q. If they were there in the document we were 09:57:21
21 provided, I missed them so that's why I'm asking you if
22 you had any others.

23 So in connection with this deposition, what
24 materials have you reviewed? Let's say you got here on
25 Thursday. What have you reviewed in terms of getting 09:57:39

Page 32

1 A. No, just a part of getting to know the firm. I
2 was out here as a different project and had met him while
3 I was here.

4 Q. And what about in 2016, what did that deal
5 with? 10:01:17

6 A. I met him at the beginning of our work as we
7 began the assessment for our 2016 work with the
8 legislature.

9 Q. And what do you recall about that meeting?

10 A. I don't remember much, other than meeting him, 10:01:28
11 yeah.

12 MR. RIZZO: I'm striking a note with pens
13 today.

14 (Last answer read.)

15 BY MR. RIZZO: 10:01:59

16 Q. Do you remember anything that he said at the
17 time?

18 A. I don't.

19 Q. Do you know whether any of the allegations in
20 the complaint pertain to the Adoption and Safe Families 10:02:20
21 Act of 1997?

22 A. I don't.

23 Q. You said you have -- you're very familiar with
24 that area of law.

25 Does that law, if you know, pertain to the 10:02:35

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1 child's right to have placement in the least restrictive,
2 most family-like home?

3 A. Yes.

4 Q. And also that the child has a right, a federal
5 right, to all reasonable efforts to achieve permanency? 10:02:50

6 A. Yes. ASFA talks about reasonable efforts.

7 Q. So as you sit here today, you don't recall any
8 specific allegations in the complaint.

9 A. It was part of what we used to, you know,
10 figure out what our research areas and research topics 10:03:16
11 were, and we did that work back in 2019, so it's not
12 fresh in my head right now.

13 Q. Who, in terms of performing the work or setting
14 out to perform the work that you just mentioned, who was
15 most responsible at PublicKnowledge for understanding the 10:03:38
16 law that was applicable to the claims alleged in the
17 case?

18 A. We were actually focused on our assessment
19 methodology and conducting the assessment, not on the
20 laws in the complaint. 10:03:55

21 We looked at the complaint to understand what
22 was of concern and get to those research topics.

23 Q. All right. So you were not -- you were not
24 focused on, for example, whether or not proof of the
25 allegations constitutes deliberate indifference, right? 10:04:10

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1 A. Again, we're looking at our assessment
2 methodology and completing the assessment, not the
3 lawsuit.

4 Q. So whether there was deliberate indifference or
5 whether there is deliberate indifference, or whether it's 10:04:27
6 far from deliberate indifference, you formed no opinion
7 on that?

8 A. I used that language, actually, in my executive
9 summary because that language was in the complaint
10 multiple times and was far from what we found when we 10:04:39
11 concluded the assessment.

12 Q. Okay. So despite what we talked about, you
13 said you were not an expert in 14th Amendment substantive
14 due process, are you now giving an opinion on deliberate
15 indifference? 10:04:57

16 MR. KOTHARI: Objection, misstates testimony.

17 BY MR. RIZZO:

18 Q. You can answer.

19 A. Yeah. I am relying on that my understanding of
20 that common language of deliberate indifference, not on 10:05:05
21 the legal standard or due process laws.

22 Q. So when you say far from being deliberately
23 indifferent, that was penned in the executive summary --

24 A. It was.

25 Q. You were using deliberate indifference in some 10:05:20

1 type of common, ordinary usage, but not in the specific
2 legal context of this case?

3 A. Correct.

4 Q. Well, with respect to that common, in your mind
5 about the common usage, what did you think deliberate 10:05:37
6 indifference meant?

7 A. Believing that there's, you know, something
8 there and then ignoring and not acting, right? So the
9 common language, English language of those words.

10 Q. So we've marked as Exhibit 2 you'll see in that 10:06:08
11 top book. There should be two tabs. Tab 2 --

12 MR. KOTHARI: Steve, one point of clarification
13 here. At the bottom of what you are referring to as
14 Exhibit 2, it says Exhibit 1.

15 MR. RIZZO: Yeah. There's two tabs. You've 10:06:36
16 just got to keep reading.

17 MR. KOTHARI: On that tab 2, it says Exhibit 1,
18 at least on my copy.

19 MR. RIZZO: Can we take a little break?

20 THE VIDEOGRAPHER: We are now off the record at 10:06:50
21 10:06 a.m.

22 (Off the record.)

23 THE VIDEOGRAPHER: We are back on the record at
24 10:11 a.m.

25 BY MR. RIZZO: 10:12:04

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1 Q. So I'm showing you what's been marked as
2 Exhibit 2, and I think you recognized that as the
3 PublicKnowledge 2016 report and the cover letter.

4 A. I do.

5 Q. So if I understand this, this letter is written 10:12:19
6 to Governor Brown on September 13 of 2016.

7 A. It is.

8 Q. And it concerns PublicKnowledge's work that was
9 conducted between approximately February and September of
10 2016. 10:12:42

11 A. Correct.

12 Q. And that coincides with one of your meetings
13 with Fariborz, you called it.

14 A. Correct.

15 Q. Okay. And that letter, Exhibit 2, page 1 of -- 10:12:51
16 could you read in the third paragraph?

17 A. The one that starts, over the past?

18 Q. Correct.

19 A. Yes.

20 Over the past decade a number of reports and 10:13:11
21 reviews have revealed problems in Oregon's Child
22 Substitute Care System and suggested remedies. Little
23 has been done to address the problems or implement the
24 proposed solutions. The time to act is now. All
25 participants in this independent review expressed a 10:13:28

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1 genuine desire to remedy the situation. There is broad
2 awareness of the problems and momentum in the State to
3 fix this system.

4 Q. And that letter was written by Melissa Davis?

5 A. Correct. 10:13:43

6 Q. And she was the project manager?

7 A. She was.

8 Q. Okay. And she did the things, I take it, that
9 you described for me a few moments ago about what a
10 Project Management Professional does? 10:13:52

11 A. Yes, in 2016.

12 Q. Would you call her, then, the leader of the
13 project at that time?

14 A. She was the project manager on the team, yes.

15 Q. The paragraph above that indicates that: 10:14:02
16 PublicKnowledge was honored to have been selected to
17 conduct an independent review of child and youth safety
18 in Oregon's Child Substitute Care System; is that right?

19 A. Correct.

20 Q. And that was copied to Mr. Clyde Saiki, 10:14:30
21 S-a-i-k-i?

22 A. Yes.

23 Q. He was is the director at that time?

24 A. It looks that way, yes.

25 Q. Did you meet him? 10:14:48

Page 41

1 the four findings in that area, yes.

2 Q. Okay. And that table is entitled Oregon Child
3 Safety and Substitute Care Independent Review Findings,
4 right?

5 A. Yes. 10:16:12

6 Q. And above that, it says: At the request of
7 Governor Brown, PK -- that's how PublicKnowledge is
8 abbreviated?

9 A. Yes.

10 Q. And I may use that from time to time, which is 10:16:24
11 why I'm saying that.

12 A. Yes.

13 Q. It says: PK conducted an independent review of
14 Oregon's Child Substitute Care System over those eight
15 months that I mentioned. 10:16:35

16 A. Correct.

17 Q. It says that: Throughout this review, we
18 focused on viewing the system from the perspective of
19 children and youth living in substitute care, right?

20 A. Correct. 10:16:48

21 Q. And it reads that: Although many aspects of
22 the system merit deep examination, we focused on two
23 areas closest to the experience of children and youth in
24 care: Where they live, placements, and what happens when
25 they experience abuse in care, response to abuse; is that 10:17:05

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1 right?

2 A. Correct.

3 Q. And in terms of the findings, the independent
4 review findings, the first one read that: Space
5 availability drives placement decisions, rather than the 10:17:22
6 needs of children and youth. Right?

7 A. Correct.

8 Q. Finding two was that: Oregon's placement
9 capacity for children with high needs is shrinking.

10 A. Correct. 10:17:34

11 Q. Three was: Substitute care providers are not
12 adequately trained or supported to safely care for
13 children and youth with high needs placed with them.
14 Right?

15 A. Correct. 10:17:44

16 Q. Four was: The urgency to find placements
17 compromises certification and licensing standards.

18 A. Correct.

19 Q. And then relatedly there is a set of findings
20 pertaining to safe and swift response to abuse in care. 10:17:57

21 Do you see that?

22 A. I do.

23 Q. And to move this along, the finding Roman
24 Numeral VII indicates that: The current process of abuse
25 in care is rated untrustworthy by youth and other 10:18:17

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1 reporters. Right?

2 A. Abuse in care reporting is rated, but, yes.

3 Q. Correct. I'm sorry. Abuse in care reporting
4 is rated untrustworthy by youth and other reporters.

5 Finding 8 is: There is little or no follow up 10:18:34
6 on abuse and care investigations.

7 A. Correct.

8 Q. No. 9 was that: Information that could
9 mitigate safety concerns is not effectively shared
10 between entities. 10:18:46

11 A. Efficiently, yes.

12 Q. And you would agree that each one of those
13 findings is a substantial risk of harm to a child in
14 care?

15 MR. KOTHARI: Objection, calls for a legal 10:18:56
16 conclusion.

17 THE WITNESS: Those are findings from the
18 assessment. We were not connecting them to any of the
19 language that you just said.

20 BY MR. RIZZO: 10:19:07

21 Q. But I'm asking you as a child welfare law
22 specialist, these findings create a substantial risk of
23 harm for children in care, right?

24 MR. KOTHARI: Objection, calls for a legal
25 conclusion. 10:19:20

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1 BY MR. RIZZO:

2 Q. I'm not asking you for a legal conclusion, I'm
3 just asking for your answer.

4 MR. KOTHARI: Same objection.

5 THE WITNESS: The team, myself included, had 10:19:27
6 concerns about the findings and what harm that the
7 children could be at risk of, yes.

8 BY MR. RIZZO:

9 Q. So these findings suggest or indicate risk of
10 harm to kids, right, in care? 10:19:39

11 A. Risk of harm, yes.

12 MR. KOTHARI: Same objection, calls for a legal
13 conclusion.

14 BY MR. RIZZO:

15 Q. At the very bottom of that page, page 4, there 10:19:55
16 is reference that: The State needs to have a transparent
17 process for responding to abuse in care that puts the
18 child first and is based on standardized protocols for
19 screening and response; is that right?

20 A. Correct. 10:20:11

21 Q. And you believe that, correct?

22 A. Correct.

23 Q. You believed all of these findings, I take it,
24 correct?

25 A. Yes. 10:20:19

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1 review phase; is that right?

2 A. Correct.

3 Q. Is that the normal process for PublicKnowledge
4 in conducting one of these --

5 A. It's a way. That is a way of getting us to our 10:23:04
6 initial questions, the top of our process. There's
7 multiple ways for getting there, but that is a way that
8 we use routinely.

9 Q. And then based on that, the team developed a
10 set of criteria for selecting the set of focus areas. 10:23:20

11 A. Correct.

12 Q. And then if you go to page 76 under
13 contributors and sources.

14 Do you see that?

15 A. Yes. 10:23:55

16 Q. So that reads that: The child safety and
17 substitute care independent review drew on the knowledge,
18 experiences and perceptions of hundreds of Oregonians
19 around the state.

20 Do you see that? 10:24:09

21 A. I do.

22 Q. And as we work our way down, you can see that
23 there was the external advisory committee --

24 A. Yes.

25 Q. -- right? And that included stakeholders from 10:24:20

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1 Confederated Tribes of Warm Springs, the Oregon State
2 legislators, right?

3 A. Yes.

4 Q. Foster Care Alumni through the Oregon Foster
5 Care Youth Connection? 10:24:39

6 A. Yes.

7 Q. And included a member of the Child Welfare
8 League of America?

9 A. Correct.

10 Q. And it also included Mr. Eldon Rosenthal, 10:24:46
11 attorney?

12 A. Yes.

13 Q. Do you recognize that name?

14 A. I recognize the name, yes, as being part of
15 that external committee. 10:24:57

16 Q. Do you remember whether he was a renowned civil
17 rights lawyer for children?

18 A. I don't remember the context of -- no. We
19 didn't choose who was part of that external advisory
20 committee. 10:25:10

21 Q. You worked with that committee, however.

22 A. Correct, that was part of our contract was
23 working with them.

24 Q. And then you worked with the DHS internal
25 resource committee, correct? 10:25:21

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1 A. Correct.

2 Q. And then on page 78, there were key informant
3 interviews with respect to the initial assessment, Phase
4 2, correct?

5 A. Correct. 10:25:40

6 Q. And that included, for example, attorneys, the
7 Governor's office, judges, foster parents, CASA, and as
8 we mentioned, the Foster Youth and Alumni, right?

9 A. I'm looking, give me a second. I don't
10 remember. Yes, that looks correct. 10:26:01

11 Q. And then on page 79, there's a list of other
12 contributors; is that right?

13 A. Correct.

14 Q. And that included, for example, the Oregon
15 Alliance of Children's Programs, Children's First For 10:26:25
16 Oregon, and Morrison Child and Family Services.

17 Do you see that?

18 A. Yes.

19 Q. So would you agree that all of these people had
20 lived experience with the child welfare system? 10:26:43

21 MR. KOTHARI: Objection, vague as to all these
22 people.

23 BY MR. RIZZO:

24 Q. The people we just spent a few minutes
25 covering, did they have lived experience? 10:26:54

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1 A. No.

2 Q. She had a master's in public affairs, right?

3 A. I believe so.

4 Q. She's no longer with PublicKnowledge.

5 A. She is not. 10:31:36

6 Q. Why did she leave?

7 A. She had another job opportunity with a family
8 business.

9 Q. So this may be easier for Thomas or for you,
10 but if you go to Exhibit 4, it should be on page 142, 10:31:53
11 Binder 1.

12 A. Tell me again which one.

13 Q. Page 142.

14 And then before I ask you a question on that,
15 did you understand that connection with the 2016 work 10:32:46
16 that PublicKnowledge received that assignment through a
17 competitive bidding process with the State of Oregon?

18 A. We did. I was part of the competitive bid,
19 yes.

20 Q. So if I'm lucky, page 142 should be the expert 10:33:03
21 witness contract.

22 A. Yes.

23 Q. Now, it looks like you signed that document, is
24 that right, on June 25th of 2020?

25 A. Sorry. I'm trying to find it. 10:33:45

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1 she was 145?

2 A. Yes.

3 Q. And I see Ms. Breedlove was also involved
4 there.

5 A. Correct. 10:38:50

6 Q. I want you to turn to page 166.

7 A. Yes.

8 Q. That's a document on a Markowitz Herbold paper
9 and it's entitled Legal Standards.

10 A. Correct. 10:39:23

11 Q. Have you ever seen this, it's undated, but have
12 you ever seen this document?

13 A. I have.

14 Q. When did you review it?

15 A. I don't remember the exact time frame, but it's 10:39:33
16 been a few years since I've reviewed it.

17 Q. And do you know which of the Markowitz
18 attorneys prepared it?

19 A. I do not.

20 Q. The header on page 2 reads, Legal Standards for 10:39:48
21 PublicKnowledge.

22 Was that your understanding of what the law was
23 based on this two-and-a-quarter-page document?

24 MR. KOTHARI: Objection, misstates testimony.

25 THE WITNESS: Yeah. Again, this was a document 10:40:11

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1 A. Yes.

2 Q. And obviously, you're here as the expert
3 witness. Is it your opinion that the PublicKnowledge
4 2023 report is a thorough independent review as is stated
5 here? 10:55:49

6 A. Yes.

7 Q. You wouldn't do anything differently?

8 A. No.

9 Q. I want you to go to page 2558, page 60 of the
10 document. 10:56:46

11 A. Yes.

12 Q. So there there's a series of -- called them the
13 Definitions for Terms Used.

14 A. I'm sorry. I'm trying to find the beginning.

15 Q. I should have done that for you. I think 10:57:15
16 that's on page -- Appendix A, that starts on page 2540.

17 A. This is P, terms, this is the beginning of the
18 list that ended up in our final report, as well.

19 Q. It says: These definitions clarify the meaning
20 of operative terms included in the research questions, 10:57:35
21 inquiry questions and throughout the methodology. Right?

22 A. Yes.

23 Q. And then PublicKnowledge defined the word, I'm
24 going to spell it first, and then I will enunciate it in
25 two ways, P-R-O-G-R-E-S-S. Okay? 10:57:57

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1 A. Uh-huh.

2 Q. So he's the conundrum. In terms of
3 pronunciation, did it mean progress, like progress from
4 the journey from day to night or progress?

5 A. I am not sure what you're asking me. I 10:58:17
6 apologize.

7 Q. The word progress appears. If you think about
8 it, there's at least two ways to go, to progress; i.e. a
9 journey.

10 A. Uh-huh. 10:58:30

11 Q. Or progress, something you can measure or
12 account for.

13 A. I think it's actually both. We're looking at
14 progress over time toward something, yeah.

15 Q. So PublicKnowledge defines the word, and I'll 10:58:46
16 use the pronunciation of progress, as the actions child
17 welfare has made to implement recommendations or address
18 concerns through identifiable and credible strategies and
19 processes, right?

20 A. Yes. 10:59:04

21 Q. Why doesn't or didn't PublicKnowledge use the
22 Merriam Webster's Third International Dictionary?

23 A. Progress has a lot of meanings in child welfare
24 around implementation science, CQI, and so this was part
25 of a definition that we were applying to this assessment 10:59:22

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1 with the knowledge and background of what it means in
2 child welfare.

3 Q. So in the world of contracts, it's a term of
4 art, is that how you're describing this word, the use of
5 this word? 10:59:40

6 A. I wouldn't use that language, no.

7 Q. Well, how does a reader like myself or the
8 Governor or the Court, Judge Aiken, how is she to
9 understand specifically what the genesis or the standard
10 that was used to define this word? 11:00:00

11 A. That's why we give a definition there, so that
12 it's clear what we mean when we say progress in the
13 report. That's the definition of that key term.

14 Q. So PublicKnowledge defines progress for itself.

15 A. We define progress based on the Child Welfare 11:00:16
16 System and how it's used generally, yes.

17 Q. And the definition is not based on a recognized
18 or an applicable standard.

19 MR. KOTHARI: Objection, misstates testimony.

20 BY MR. RIZZO: 11:00:30

21 Q. Is that right?

22 A. Yeah, it is based on both the general
23 understanding of the word plus its application in child
24 welfare.

25 Q. What standard am I to measure it against or is 11:00:39

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1 has said multiple times that she does not answer that
2 specific question that you're asking.

3 THE WITNESS: Same answer.

4 BY MR. RIZZO:

5 Q. You can't? 11:01:46

6 A. Again, we're relying on how progress is
7 measured by the federal, by the federal government and
8 states and implementation science and CQI in child
9 welfare.

10 Q. What federal, state, CQI or other standard did 11:01:59
11 you use in part or in whole to define this word?

12 A. It's just how it's used in child welfare,
13 right? So, for example, in the CFSR and the PIP states
14 have to show progress towards a goal. They set a goal
15 and then they have a PIP that shows progress towards it. 11:02:20

16 Q. So two parameters, then: One a goal, and then
17 movement toward the goal. So there's a way to measure
18 it, right?

19 A. In the CFSR, yes.

20 Q. But here there's no reference to goal or 11:02:41
21 outcome or a metric, correct?

22 A. Correct. That's the definition that we have of
23 progress.

24 Q. And then PublicKnowledge self-defines the word
25 improve and I think that's on 2554, second word down. 11:03:04

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1 (Last question read.)

2 MR. KOTHARI: Same objection.

3 THE WITNESS: Same answer, too. It's based in
4 child welfare and what we measure in child welfare.

5 BY MR. RIZZO:

6 Q. The point is when these are self-defined terms,
7 it is always PublicKnowledge that makes the conclusion or
8 comes to an opinion one way or the other whether an act
9 or event or an action is progress or is improvement,
10 right? 11:06:55

11 MR. KOTHARI: Objection, this is Ms. Moss'
12 report, same objection to that question.

13 THE WITNESS: I'm making those conclusions,
14 again, based on identifiable criteria and data in the
15 field. 11:07:11

16 BY MR. RIZZO:

17 Q. Has PublicKnowledge ever submitted this
18 methodology, this usage of several defined terms for peer
19 review by any of your peers, other national and
20 international management consulting firms? 11:07:33

21 A. I would not agree with the self-identified
22 language that you said.

23 But I'll answer the question, no, it's not been
24 submitted for any journals.

25 Q. By self-defined, I mean it's not based on a 11:07:44

Page 78

1 dictionary definition.

2 A. It's based on it, yeah, but it is, again, it's
3 usage in child welfare.

4 Q. With respect to the word progress, again, back
5 on page 2558 -- 11:08:10

6 A. Yes.

7 Q. -- can you identify -- or can you cite me to
8 any identifiable and credible strategy or process as used
9 in that definition?

10 A. Those are actually pointing to the things that 11:08:31
11 we're using to track that, so those would be in the
12 report. Anything that is identifiable and credible
13 strategies and processes, those are what we're looking
14 for when we're measuring progress.

15 Q. So these are not PublicKnowledge's identifiable 11:08:51
16 and credible strategies and processes. These are the
17 client's credible strategies and processes.

18 A. No, our methodology within the report.

19 Q. So can you tell me -- for example, can you give
20 me an example of one of the credible strategies that 11:09:13
21 PublicKnowledge applied in this report?

22 MR. KOTHARI: Objection, again, this is Ms.
23 Moss' report.

24 THE WITNESS: Yeah. Within the report, we
25 walked through all the strategies, and also in that 11:09:26

Page 79

1 Q. So I want to give you some examples. If you go
2 to Exhibit 1, page 1.

3 A. Is it in this binder.

4 Q. No, it's Exhibit 1. It should be this one
5 (indicating), the easier one. 11:46:01

6 A. Okay. What page?

7 Q. It's page 8. It's under the executive summary.

8 A. Yes.

9 Q. Did you write the executive summary?

10 A. I did write the executive summary. 11:46:18

11 Q. So you have there toward the bottom, you say in
12 the 11: Research areas PK found that child welfare has
13 made significant progress in four.

14 A. Yes.

15 Q. So the significant progress, that's entirely 11:46:33
16 your opinion; is that right?

17 A. We worked on it as a team and came up with that
18 as a team, but, yes, this is my report.

19 Q. And it's your opinion?

20 A. Based on everything that's in the report, 11:46:46
21 correct.

22 Q. And then on page 9, for example, under the
23 data-driven decision-making and quality of services
24 offered row, you say that: Since 2016, Oregon has made
25 consistent progress to improve data-driven 11:47:05

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1 management consulting field would include Deloitte, is
2 that right, D-e-l-o-i-t-t-e?

3 A. That is one.

4 MR. KOTHARI: Object to form.

5 BY MR. RIZZO: 11:57:32

6 Q. Would McKenzie & Company also be one of your
7 competitors?

8 A. Those are larger firms, but, yes.

9 MR. KOTHARI: Same objection.

10 BY MR. RIZZO: 11:57:41

11 Q. I want you to go back to Exhibit 4 at page 242.

12 Okay? With any luck, it should be the same.

13 So as I understand Exhibit 4, 242, that's a
14 document from your web page, the PublicKnowledge web
15 page. 11:58:07

16 A. Yes.

17 Q. And that says that essentially PublicKnowledge
18 is a national management consulting firm; is that right?

19 A. Yes. I believe now it says it's a
20 multi-national, because we operate in Canada, as well. 11:58:20

21 Q. I saw that. There's reference to
22 international. That's what it is, it's basically Canada?

23 A. Yes, multi-national, U.S. and Canada.

24 Q. The other part of page 242, it says: We
25 expertly blend the science of systems, programs and 11:59:05

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1 people to achieve continued improvements long after our
2 engagements end; is that right?

3 A. Yes.

4 Q. If you go to page 246, that's another
5 PublicKnowledge-generated document? 11:59:32

6 A. Yes.

7 Q. On page 249, there's a reference to
8 implementation planning and science.

9 Do you see that?

10 A. Yes. 12:00:19

11 Q. And I think the final sentence, it says: We
12 help our clients plan for implementation and execute
13 these plans using the best available evidence in
14 implementation science.

15 Do you see that? 12:00:33

16 A. Yes.

17 Q. What is implementation science?

18 A. It's the way that research has based how you
19 correctly implement. It's a process that's followed,
20 very similar to and in the same field as change 12:00:46
21 management and CQI.

22 Q. So let me see if you agree with a related
23 definition from the National Institute of Health. Would
24 you say that implementation science is, for example: The
25 scientific study of methods to promote the systematic 12:01:03

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1 period --

2 A. Anything older than six months.

3 Q. Is gone?

4 A. Yes.

5 Q. Where are your notes and memoranda that you 13:44:38
6 compiled in preparation and in connection with writing
7 the report?

8 A. I don't have notes outside of the report.

9 Q. So you made no notes or memoranda in connection
10 with any of your work in regard to the preparation and 13:45:01
11 finalization of the 2023 report; is that right?

12 A. Correct.

13 Q. Is that your normal practice to take no notes
14 or create no memoranda in your normal and ordinary
15 duties? 13:45:16

16 A. Yeah. This wasn't different, so, no.

17 Q. Were you ever instructed to save emails in
18 connection with the 2023 report?

19 A. No.

20 Q. Did you directly supervise any of the work 13:45:39
21 performed by each of the team members?

22 A. Yes.

23 Q. Who did you directly supervise in that work?

24 A. Allison Ward directly, week-to-week, but I'm
25 supervising everyone on the team. 13:46:04

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1 A. That would have been working on the final
2 report.

3 Q. In working through the hours, and these are
4 merely approximations, it looked like in 2020, you had 20
5 hours roughly split, about 19 in assessment methodology 13:52:37
6 and one to project management --

7 A. Yes.

8 Q. -- does that square?

9 And then Ms. Olson Ward had 204 hours and Julie
10 Breedlove 132 plus or minus hours. 13:52:54

11 A. That looks correct.

12 Q. And then in 2021, you had approximately three
13 and a half hours for project management.

14 A. Of billed time, yes.

15 Q. Right. So what happened in 2021 to where you 13:53:11
16 weren't particularly involved in this project?

17 A. I wouldn't agree with that, that I wasn't
18 involved.

19 Q. Well, explain to me why you only had three and
20 a half hours or so? 13:53:27

21 A. Yeah. So beginning of 2020, I took over in the
22 role I'm in now as the president of the company, which
23 meant I'm no longer a billable employee, so my time is
24 tracked differently. And I don't actually bill all my
25 time on projects, especially if it's in a supervisory 13:53:42

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1 reality.

2 Q. And I understand that was a conclusion.

3 But did you examine that, beyond labeling it as
4 there's often confusion or whatever, did you examine it?

5 A. Examine it in what way? 14:34:58

6 Q. Try to find out why there was a disconnect.

7 For example, did you go back and ask workers?

8 A. We did not talk to workers directly.

9 Q. Did you conduct another survey?

10 A. No. 14:35:12

11 Q. You just understood there was a disconnect and
12 the disconnect was because that's the way implementation
13 works.

14 MR. KOTHARI: Objection.

15 BY MR. RIZZO: 14:35:22

16 Q. Is that right?

17 MR. KOTHARI: Objection, misstates testimony.

18 BY MR. RIZZO:

19 Q. You can answer.

20 A. There's a disconnect often between perception 14:35:27
21 and data, especially where they are in the implementation
22 process.

23 Q. Are you claiming that the 2023 report was an
24 implementation study that purported to measure changes or
25 outcomes in response to planned interventions in DHS? 14:35:56

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1 A. No. We were looking at progress over time
2 between 2016 and now and whether or not it had an impact
3 on children in the system.

4 Q. 2016 and December 2023, you mean, right?

5 A. Yes. 14:36:17

6 THE VIDEOGRAPHER: Going off the record at 2:36
7 p.m.

8 (Off the record.)

9 THE VIDEOGRAPHER: Back on the record at 2:54
10 p.m. 14:54:13

11 MR. RIZZO: So for the record, we're going to
12 ask that PublicKnowledge place a litigation hold on any
13 communications and suspend your records retention policy
14 for the pendency of this case until we take up these
15 issues with the court. 14:54:38

16 We're making the same request, although I think
17 it goes without saying, for the Markowitz firm, because
18 that firm is now in possession of the remaining facts
19 that were communicated in one or more of the email
20 exchanges between the parties. 14:54:51

21 BY MR. RIZZO:

22 Q. The public knowledge report Exhibit 1, are you
23 in Exhibit 1 again?

24 A. Yes.

25 Q. In the Executive Summary provision at page 12, 14:55:17

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1 the final paragraph, there's a reference which says:

2 This assessment was conducted with the lens of

3 implementation science which shows that progress and

4 improvement should be slow and plan-full.

5 And you wrote that, right?

14:55:58

6 A. Yes.

7 Q. But this report is not an implementation

8 science study, correct?

9 A. Correct.

10 Q. Why did you write that then?

14:56:13

11 A. Because we are using that to understand the
12 timing of when things will start to show in outcome data.

13 Q. But you didn't define any outcomes, correct?

14 A. No. We have data throughout that's part of the

15 outcomes throughout the report.

14:56:30

16 Q. But you don't have any specific outcome or goal
17 and the time it's going to take to reach that goal and
18 how that progress will be measured along the way,
19 correct?

20 MR. KOTHARI: Objection, compound.

14:56:45

21 BY MR. RIZZO:

22 Q. Am I correct?

23 A. I'm confused by the question.

24 (Last question read.)

25 MR. KOTHARI: Same objection.

14:57:04

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1 THE WITNESS: Yeah. That's part of what we're
2 looking at, whether or not child welfare is doing that.

3 BY MR. RIZZO:

4 Q. Can you answer my question.

5 MR. KOTHARI: Objection, asked and answered. 14:57:13

6 THE WITNESS: Yeah, same.

7 BY MR. RIZZO:

8 Q. We're clear you did not define a specific
9 outcome for any measure, correct, in the report?

10 A. I'm sorry. I'm not sure what you're asking. 14:57:27

11 Q. You did not define a specific date or a target
12 date by which any measure would be reached or achieved,
13 right?

14 A. No.

15 Q. And you didn't define how long it was going to 14:57:40
16 take DHS to reach or achieve any specific goal or
17 outcome, correct?

18 A. We were looking at their time frame and seeing
19 whether it was reasonable with the lens of implementation
20 science. 14:57:56

21 Q. You did not define that or project -- you
22 didn't have a project chart to reach a defined outcome or
23 goal, correct?

24 A. What do you mean by progress chart?

25 Q. An experiment that tells me when it begins, 14:58:07

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CERTIFICATE

STATE OF OREGON)

) ss

COUNTY OF MULTNOMAH)

I, Teresa L. Rider, CRR, RPR, CCR, CSR, hereby
certify that said witness personally appeared before me
at the time and place set forth in the caption hereof;
that at said time and place I reported in stenotype all
testimony adduced and other oral proceedings had in the
forgoing matter; that thereafter my notes were
transcribed through computer-aided transcription, under
my direction; and that the foregoing pages constitute a
full, true and accurate record of all such testimony
adduced and oral proceedings had, and the whole thereof.

I further certify review of the transcript was
requested.

Witness my hand at Portland, Oregon, this 26th
day of March 2024.



Teresa L. Rider

Oregon CSR No. 12-0421

Expires 3-31-26

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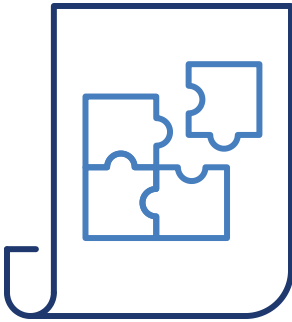
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1911 SW Campus Drive #457
Federal Way, WA 98023

September 13, 2016

Governor Kate Brown
Office of the Governor
900 Court Street NE, 160
Salem, OR 97301

Child Safety in Substitute Care Independent Review

Dear Governor Brown,

I am pleased to submit to you the Final Assessment & Review Report for the Child Safety in Substitute Care Independent Review.

Public Knowledge, LLC (PK) is honored to have been selected to conduct an independent review of child and youth safety in Oregon's child substitute care system. We conducted our review between February and September of 2016.

Over the past decade, a number of reports and reviews have revealed problems in Oregon's child substitute care system and suggested remedies. Little has been done to address the problems or implement the proposed solutions. The time to act is now. All participants in this independent review expressed a genuine desire to remedy the situation. There is broad awareness of the problems, and momentum in the state to fix the System.

We commend you for initiating this independent review and hope our findings and recommendations help move the state toward lasting solutions for Oregon children and youth. If you have any questions or require clarification, please contact me at (541) 206-4341.

Sincerely,

Melissa Davis
Project Manager

Cc: Clyde Saiki, Director
Oregon Department of Human Services
500 Summer Street NE
Salem, OR 9730

www.pubknow.com

Oregon Department of Human Services Child Safety in Substitute Care Independent Review

Deliverable 3.4 Final Assessment & Review Report

September 13, 2016

PublicKnowledge
ADVISING GOVERNMENT AGENCIES

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Executive Summary

At the request of Governor Kate Brown, Public Knowledge, LLC (PK) conducted an independent review of Oregon's child substitute care system (System) over eight months (between February and September of 2016). Throughout this review, we focused on viewing the System from the perspective of children and youth living in substitute care. Although many aspects of the System merit deep examination, we focused on the two areas closest to the experience of children and youth in care: where they live (placements) and what happens when they experience abuse in care (response to abuse).

FINDINGS

The graphic below summarizes the nine major findings from this review.

Oregon Child Safety in Substitute Care Independent Review Findings	
Safe and Appropriate Placements	Safe and Swift Response to Abuse in Care
<p>More appropriate placements could prevent abuse of children and youth in substitute care.</p> <ul style="list-style-type: none"> • FINDING I - Space availability drives placement decisions, rather than the needs of children and youth. • FINDING II - Oregon's placement capacity for children with high needs is shrinking. • FINDING III - Substitute care providers are not adequately trained or supported to safely care for children and youth with high needs placed with them. • FINDING IV - The urgency to find placements compromises certification and licensing standards. 	<p>A coordinated response to abuse in care could lead to earlier intervention and prevention of future abuse.</p> <ul style="list-style-type: none"> • FINDING V - Oregon's response to allegations of abuse in care is confusing and involves too many uncoordinated elements. • FINDING VI - The CPS abuse in care reporting, screening, and investigation process is localized and may result in inconsistent responses to harm in care. • FINDING VII - The current process of abuse in care reporting is rated untrustworthy by youth and other reporters. • FINDING VIII - There is little to no follow-up on abuse in care investigations. • FINDING IX - Information that could mitigate safety concerns is not efficiently shared between entities.

The quantitative and qualitative data collected and analyzed during this review show that the state's most acute problem is not having enough of the appropriate substitute care providers available at the moment when a child or youth needs to be placed in out of home care. Having the right provider for the right child or youth at the right time could reduce the risk of harm in care. Nonetheless, national data and standards tell us that even if Oregon were to invest in significantly increasing the number of high quality substitute care providers, there will always be a risk that something bad will happen in a placement. The state needs to have a transparent process for responding to abuse in care that puts the child first and is based on standardized protocols for screening and response.

Underlying both of these areas however, is the less tangible but even more critical reality that the culture of DHS and Oregon's substitute care system needs to change. Over the past decade, a number of reports and reviews have revealed problems and suggested remedies. Yet little has been done to address the problems or implement those remedies.

THE PATH FORWARD

This review found little that has not already been discussed. We do not offer a "silver bullet" that will fix the problems in the System. What can make this review different from its predecessors is how the state, as a whole, responds to the recommendations suggested in the report.

The graphic below shows how implementation of our recommendations will lead to a future state that prioritizes child and youth safety in care: more appropriate placements could prevent abuse of children and youth in care, and a coordinated response to abuse in care could lead to earlier intervention and prevention of future abuse. In order to make needed changes, the culture of the System, including DHS, the legislature, the provider community, and advocates must prioritize the safety of children and youth who have been removed from their families and placed in the care of the state.

Oregon Child Safety in Substitute Care Independent Review Recommendations		Foundational Recommendations to Address Barriers
Safe and Appropriate Placements	Safe and Swift Response to Abuse in Care	
<p>More appropriate placements could prevent abuse of children and youth in substitute care.</p> <ul style="list-style-type: none"> • Increase provider rates for all provider types • Adopt an assessment tool to determine level of care and need, for use before placement decisions • Develop Oregon's Continuum of Care and Availability • Build out alternatives to congregate care for children and youth with high needs 	<p>A coordinated response to abuse in care could lead to earlier intervention and prevention of future abuse.</p> <ul style="list-style-type: none"> • Redesign the Process of Responding to Allegations of Abuse in Substitute Care • Centralize hotline operations • Standardize screening protocols • Adopt a standard protocol for "closed at screening" 	<p>These recommendations are foundational to the system and any change efforts. If these areas are not addressed, the other recommendations will have little to no traction.</p> <ul style="list-style-type: none"> • Change the Culture of Oregon DHS • Focus the Whole DHS Agency and Child Welfare Workforce on Safety • Adopt Data Driven Decision Making Processes • Increase Staffing Resources for CPS and Other DHS Entities

1. Introduction

Oregon's children and youth experience more maltreatment in care than the national average (National AFCARS Data, 2013). Recent high profile lawsuits involving abuse of children and youth in substitute care have sparked multiple responses including new legislation. The state has paid out over \$31 million in settlements and awards in lawsuits where children and youth were abused by caregivers in foster homes and residential facilities in the last five years (excluding low dollar awards and sealed cases). The frontline caregivers - from caseworkers to foster parents and institutional staff - are suffering from overwork and turnover, inadequate training and support, and low morale; yet they are expected to shoulder much of the responsibility for ensuring children and youth are safe in care. Policymakers and leadership do not have good data on what is happening in the system, so solutions have been informed by single incidents and crisis response. From the perspective of children and youth in care, policy makers, legislators, the media, caregivers, DHS, and the public, the child substitute care system (System) is failing.

Over the past decade, a number of reports and reviews have revealed problems in the System and suggested remedies. Little has been done to address the problems or implement those remedies. Responses have been mostly focused on reframing the problem to deflect blame, comply with regulation, engage in required federal planning, or preserve the existing System.

Public Knowledge, LLC (PK) conducted an independent review of Oregon's child substitute care system over eight months (between February and September of 2016). Throughout this independent review, we viewed the System from the perspective of children and youth in care. Actions taken in response to this review, future breakdowns in the System, or directives from policymakers need to do the same: put the children and youth in care first and implement solutions focusing on their safety.

This independent review found little that has not already been discussed. We do not offer a "silver bullet" that will fix the problems in the System. What can make this review different from its predecessors is how the state, as a whole, responds to the report. The media, legislators, and department leaders need to focus on the work of changing the culture of the System and DHS. The culture must prioritize the safety of children and youth who have been removed from their families and placed in the care of the state.

The time to act is now. There is gathering realization in the state that the problems children and youth face in substitute care are systemic and need more than a quick fix. All participants in this independent review expressed a genuine desire to remedy the situation, and there is momentum in the state. Most importantly, the longer the state waits to implement impactful,

systemic change, the greater the likelihood that abuse of children and youth in care will continue.

This report documents findings, conclusions, and recommendations from our independent review of the System.

1.1. Scope of the Independent Review

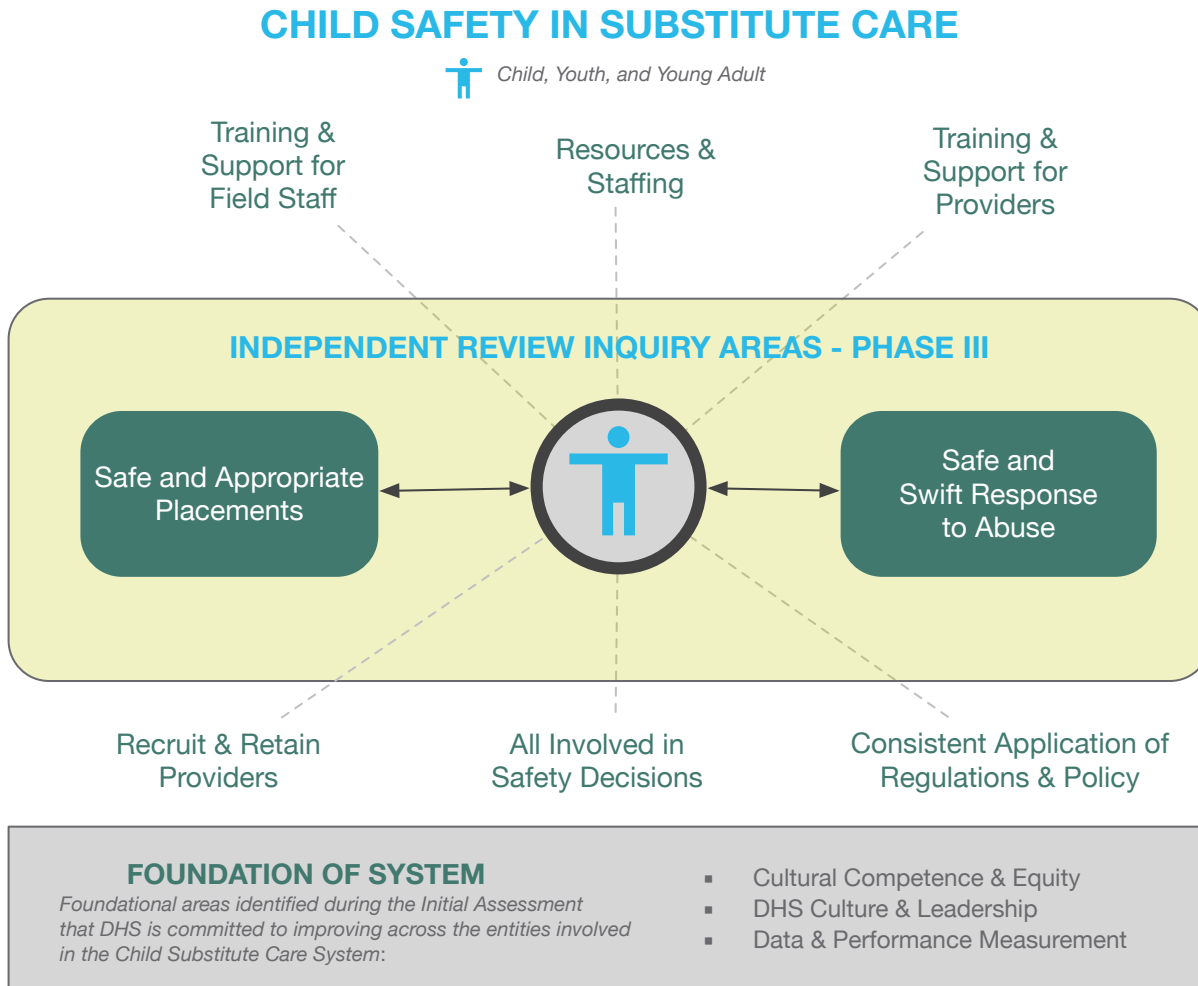
An independent review is an assessment of a policy, program, or system by an independent third party. In response to recent breakdowns in the System that led to abuses of children and youth in foster care, Governor Brown directed DHS to secure an independent, third-party contractor to provide DHS with recommendations to facilitate and support improvements necessary to ensure the care and safety of children served in the out of home care system.¹ PK was selected through a competitive procurement process to conduct the Child Safety in Substitute Care Independent Review.

The purpose of the independent review was to assess the operations, management practices, communication patterns, and accountability mechanisms related to providing 24/7 out-of-home care for children and youth who are under the custody of Oregon DHS (“substitute care”).

The methodology for the Child Safety in Substitute Care Independent Review was designed to continually narrow the scope as the review progressed through three phases: Project Initiation, Initial Assessment, and Comprehensive Review. By Phase III, we focused our inquiry on those areas of the System closest to the direct experience of children and youth living in substitute care: *where they live and what happens when they experience abuse in care*. Figure 1 shows the review’s focus areas.

¹ Oregon Department of Administrative Services. Opportunity Notice #DASPS-2534-15 for Department of Human Services Child Foster Care Service System. December 2015.

Figure 1: Phase III Scope



Each element of the System surrounding the child, youth, or young adult is integral to supporting their experience in substitute care. Those areas within the green shaded box were the areas of focus for PK during Phase III of this review. Areas outside the box are potential areas for future inquiry, and DHS and other stakeholders are currently addressing many of them. That work is captured in a separate work plan managed by DHS.

The independent review focused narrowly on the experience of children and youth currently in substitute care settings. Maintaining the boundaries of this scope has been a challenge throughout the project because substitute care is only one small part of a spectrum of child welfare services whose primary goal is to keep children and youth safe at home with their families² or move them to permanency quickly.

² Oregon Safety Model; Strengthening, Preserving, and Reunifying Families; and Oregon's Differential Response model.

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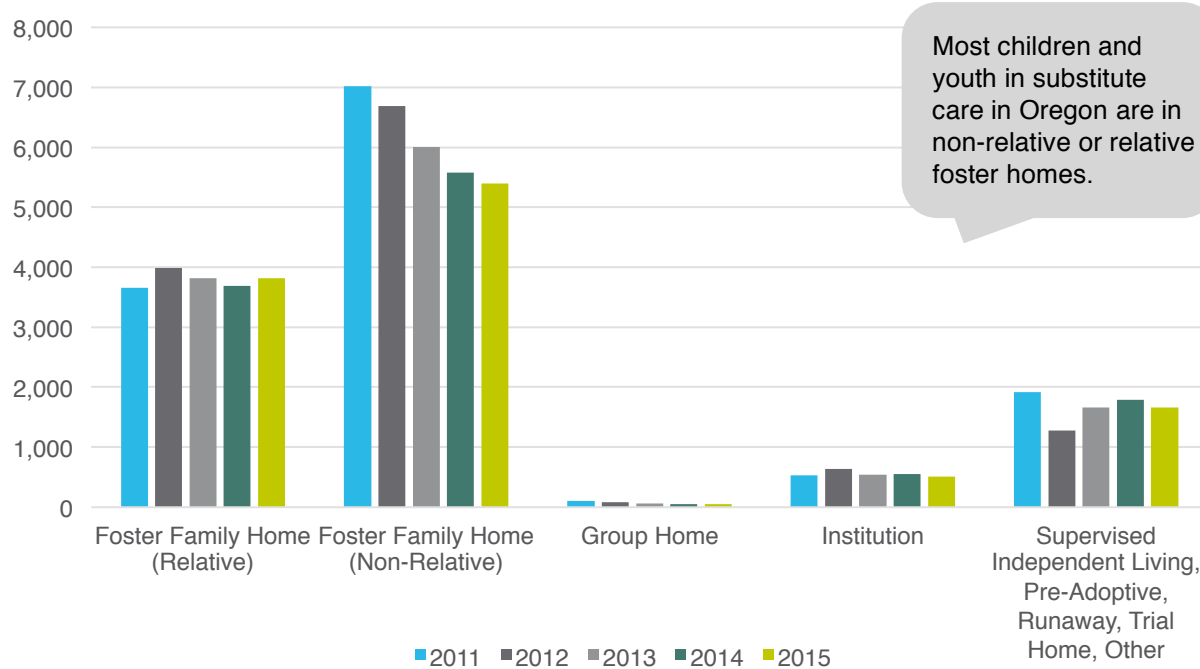
Introduction

To be included in the scope of the independent review, an area of review had to meet all of the following criteria:

1. **Impact on child and youth safety in care.** Safety is considered from the child and youth perspective and through an equity lens to eliminate disproportionality and disparate treatment. Though permanency and well being are two other elements of the child welfare model, this review focused on child and youth safety in care.
2. **Children and youth who are already in substitute care.** Initial placement decisions, such as the original order taking the child or youth into state custody, were not included.

Figure 2 below shows the breakdown of children and youth by substitute care placement type over five years.

Figure 2: Count of Children in Foster Care (Total Served during Period) by Placement Type 2011-2015 (Public ROM)



3. **Children and youth who are in the custody of the Child Welfare Services Division of DHS.** This includes children and youth involved in the Developmentally Disabled system or the Juvenile Justice system, only if they are also under the custody of Child Welfare.

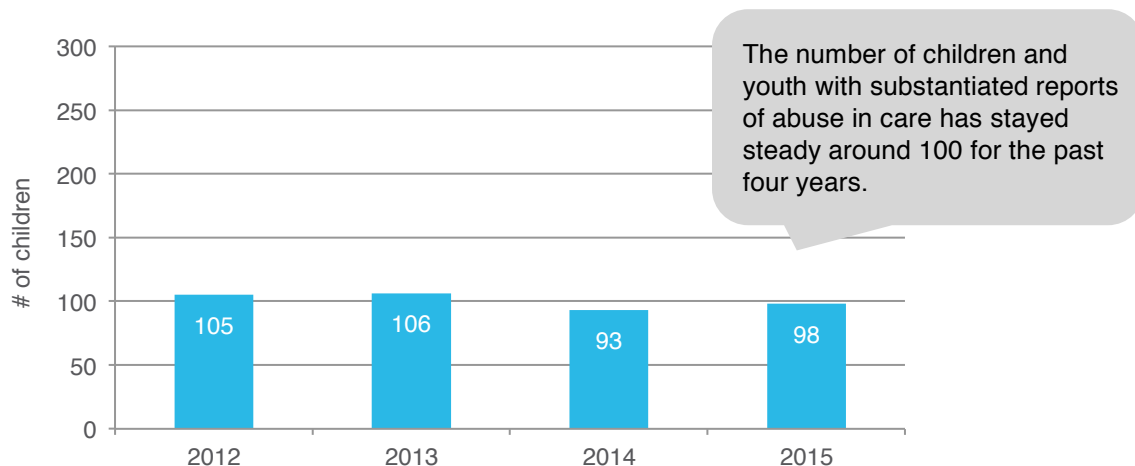
4. **Substitute care settings associated with substantiated harm in care.** We included all care settings for children and youth where harm in care has been substantiated in the last five years.³

1.2. Rates of Harm in Care by Placement Type

This section describes what DHS data shows about the placement types where abuse in care is occurring. Oregon currently has a disjointed data enterprise for tracking information about abuse of children and youth in substitute care. The data depends on multiple programs and systems that do not interface. While OR-KIDS, the DHS data system, has reporting capabilities, it does not have advanced reports set up on the data requested for this review. We could not verify the reliability of the data shown in this section, but include it here as part of the overall context regarding the placement types where children and youth may experience higher risks of abuse in care.

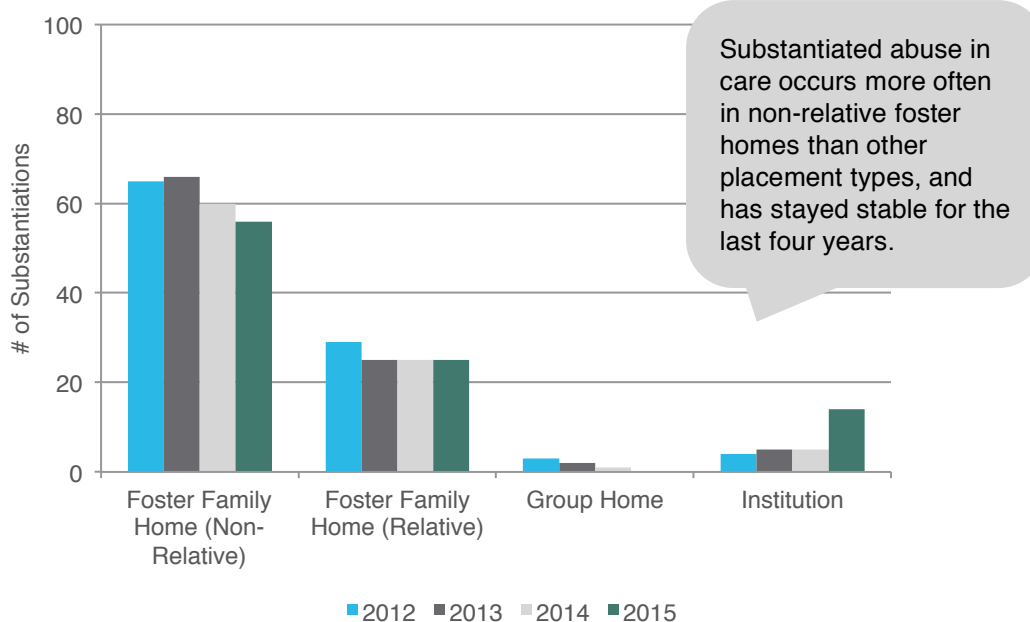
The number of individual children and youth in care with substantiated reports or allegations of abuse has been relatively stable, between 93 and 106 for the last four years. See Figure 3.

Figure 3: Count of Unique Children by Calendar Year with Substantiated Allegations of Abuse in Substitute Care (PK Data Request from DHS, 2016)



According to data from DHS, substantiated allegations of abuse in care occur more often in non-relative foster homes than other types of placements. Figure 4 shows the substantiated cases of abuse per year and by provider type.

³ Five years is the length of time since the 2011 Child and Family Services Review and corresponding Program Improvement Plan was implemented.

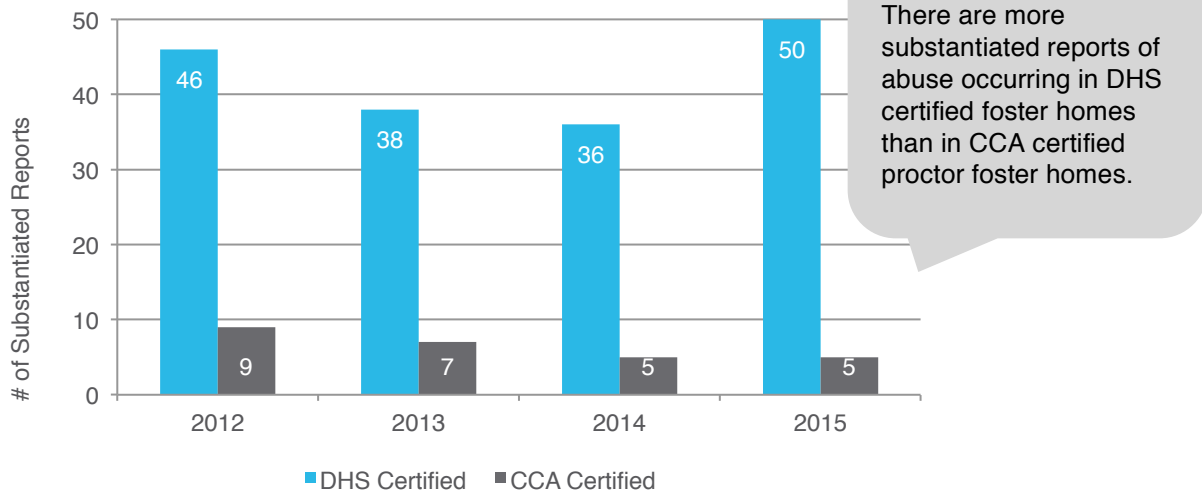
Figure 4: Substantiations by Calendar Year and by Provider Type (PK Data Request from DHS, 2016)

The independent review team reviewed all lawsuits filed against DHS in the last five years that ended in an award or settlement of \$50,000 or more. The findings of this review corroborate the data obtained from DHS. Of these 23 cases, two involved biological families, two involved a Child Caring Agency (CCA), and the remaining 19 involved DHS certified foster homes.

Several key informants who contributed to the Initial Assessment phase of the review reported that children and youth are abused in the CCA residential facilities (“institutions”⁴) more often than the foster homes certified by DHS (both institutional and proctor foster homes contracting with CCAs). This led to much of the focus and conversations with the review team to be on the topic of licensing and oversight of CCAs. Although abuse is occurring in these placement types at a higher rate compared to the total population of children and youth in the placement type, the data in Figure 4 above shows a significantly lower number of children or youth experiencing substantiated abuse in CCAs than in DHS foster homes. Additionally, data obtained from DHS shows that more children and youth in care are abused in a DHS certified foster home than a proctor foster home overseen by a CCA. Figure 5 shows the difference by substantiated reports of abuse. (Note that Figure 5 shows substantiated abuse by report, while Figure 4 shows substantiated abuse by child in care.)

⁴ The DHS data sets we analyzed use the term “institutions” to refer to residential treatment facilities run by CCAs. We use the term “institution” in this section as it relates to the data, but use “residential facility” throughout the report.

Figure 5: Substantiated Reports of Abuse in Foster Home Care by Certification Type (PK Data Request from DHS, 2016)

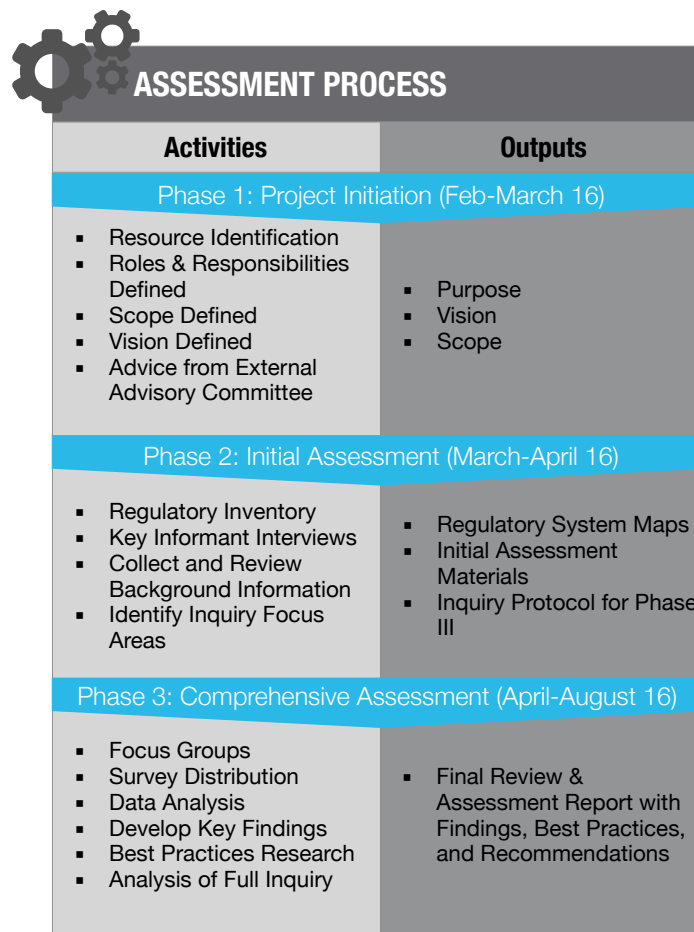


Qualitative data collected for this review shows that both DHS certified and CCA proctor foster parents need more skills and ongoing support to serve the children and youth with high needs in their care.

1.3. Methodology Overview

The methodology guiding this independent review was designed to obtain a broad view of the gaps and opportunities within the child substitute care system, and then narrow the focus to the most critical problems for deeper examination. The review progressed through three phases: Project Initiation, Initial Assessment, and Comprehensive Review. Figure 6 shows the high level approach model for this review.

Figure 6: Overall Approach Model



A detailed description of the methodology can be found in Section 5 Review Methodology.

1.4. Key Terms Used in this Report

Term	Definition
Behavioral Rehabilitation Services (BRS)	<p>"Behavioral Rehabilitation Services (BRS) is a program that provides services and placement related activities to the BRS client to address their debilitating psychosocial, emotional, and behavioral disorders in a community placement utilizing either a residential care model or therapeutic foster care model" (OAR 410-170-0020).</p> <p>Note: Child Caring Agencies (CCAs) can also be licensed to provide BRS services and many are, but they are not synonymous.</p>
Child Caring Agency (CCA)	<p>Any licensed agency, private school, or private organization (including institutions and group homes) providing day treatment for children with emotional disturbances; adoption placement services; residential care, including foster care or residential treatment for children; residential care in combination with academic education and therapeutic care, including but not limited to treatment for emotional, behavioral, or mental health disturbances; outdoor youth programs; and other similar services for children. A child caring agency does not include residential facilities or foster care homes certified or licensed by the DHS for children receiving developmental disability services (ORS 418.205). Child Caring Agencies are licensed by the</p>

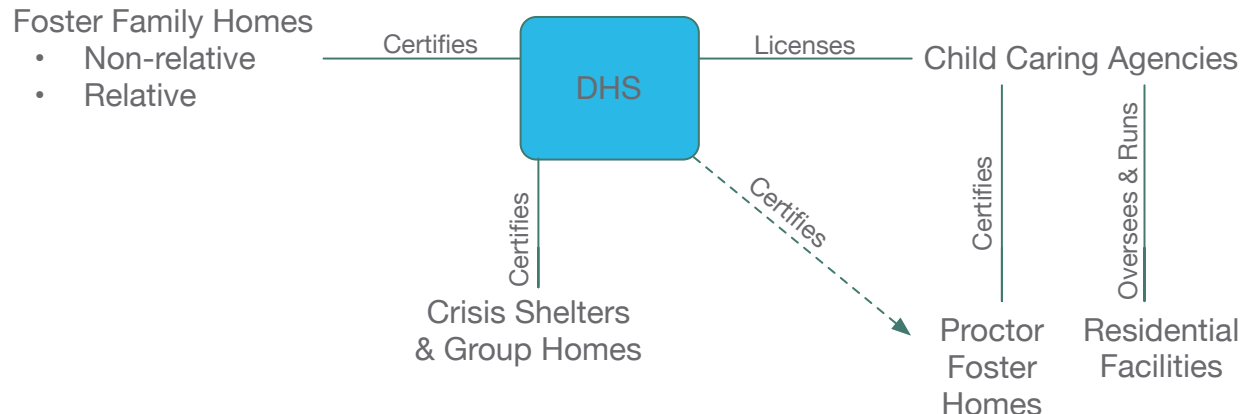
Term	Definition
	<p>Department of Human Services, Office of Licensing and Regulatory Oversight, and some contract with proctor foster homes (also known as professional foster homes).</p> <p>See Figure 7 for a graphical depiction of the contractual relationship of CCAs to DHS and other licensed or certified substitute care providers.</p>
Critical Incident	<p>CCAs are required to notify a DHS licensing coordinator if a critical event occurs: “A significant event occurring in the operation of a child-caring agency that is considered likely to cause complaints, generate concerns, or come to the attention of the media, law enforcement agencies, first responders, Child Protective Services, or other regulatory agencies” (OAR 413-215-0091).</p> <p>DHS Certified Foster Homes are required to notify the certifier or certifier’s supervisor if a critical event occurs, including: Any circumstance “that could reasonably affect the safety, health, or well being of a child or young adult in the home of the certified family...any change in the physical health, mental health, or medication of a member of the household...any suicidal ideation, significant behavior change, or significant injury or illness to a child or young adult” among other events that could affect the safety of a child or youth in care (OAR 413-200-0383).</p>
DHS Certified Foster Home	<p>A foster family home or relative foster home certified directly by DHS. A foster home maintained by a “certified family” caring for a child under the age of 21 years unattended by the child’s parent or guardian, providing the child with care, food, and lodging (ORS 418.625(1)(3), OAR 413-200-0260(8)).</p> <p>See Figure 7 for a graphical depiction of the relationship of certified foster homes to DHS and other licensed or certified substitute care providers.</p>
Foster Care	<p>A temporary living arrangement for children who need a safe place to live when their parents or guardians cannot safely take care of them. Types of foster care include relative foster care, in which a child is placed with a relative; child-specific foster care in which an individual or family becomes certified to care for a specific child, usually known to them in their community; and general foster care in which children are placed in with non-relatives. Foster care includes placement in a certified relative or foster family home or other child caring institution or facility (http://www.oregon.gov/DHS/Children/fostercare/Pages/index.aspx).</p>
High Needs	<p>High needs is defined as: children and youth with behavioral or physical health issues. In the context of this report, children and youth with high needs require “intensive” authorized levels of care, which dictates the amount of payments for care; challenging diagnoses, behaviors, and other characteristics where placements break down frequently and require new placements frequently.⁵</p>
Institution	<p>A licensed child care facility operated by a public or private agency and providing 24-hour care and/or treatment for children who require separation from their own homes and group living experience. The data included in this report uses “institution”, which refers both to the Oregon CCA definition, plus hospital-like settings and Psychiatric Residential Treatment Facilities (from federal definition and ROM). When the term residential is used in the data, it refers to just the DHS licensed residential programs through CCAs. See “Child Caring Agency.”</p>
Proctor Foster Home	<p>A foster home certified by a CCA (SB1515 Section 1(8)). A proctor foster home must meet minimum standards as established by rules adopted by DHS or the Oregon Youth Authority (OYA) (OAR 413-215-0313). Proctor foster homes also receive a pass through certification</p>

⁵ There is no universal definition of “high needs” pertaining to child welfare. This definition was adapted from: The Stephen Group. “Meeting the Needs of High Needs Children in the Texas Child Welfare System”. November 2015, p.11. www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/CPS/documents/2015/2015-12-03_Stephen_Group_High_Needs_Assessment.pdf.

Term	Definition
	from DHS. These are also referred to as “professional foster homes” in the data and literature. See Figure 7 for a graphical depiction of the relationship of proctor foster homes to DHS and other licensed or certified substitute care providers.
Residential Facility	See definition for Institution above. Throughout this report we use the term “residential facility” or “residential program” unless we are referring to the data obtained from DHS, which primarily uses the term “institution.”
Substantiated Allegation of Abuse	A substantiated allegation means there is reasonable cause to believe that child abuse occurred (OAR 413-015-0115 (51)). Substantiated or “founded” allegations of abuse trigger notifications to identified parties certification review by the Department.
Substitute Care	The out-of-home placement of a child or young adult who is supervised by DHS or other agency, including placement in a certified relative or foster family home or other child caring institution or facility (ORS 419A.004).

Figure 7 below shows DHS’s licensing and certification responsibilities for substitute care providers. This graphic is provided as a reference because these terms are often confused. We use the terms in the graphic below throughout the report. The entities shown in Figure 7 are described in more detail in section 1.5 below.

Figure 7: DHS Licensed and Certified Substitute Care Providers



- DHS certifies foster family homes, both relative and non-relative. Certifiers housed in DHS district offices perform this function.
- DHS certifies crisis shelters and group homes.
- DHS, through the Office of Licensing and Regulatory Oversight (OLRO), licenses Child Caring Agencies (CCAs).

- Licensed CCAs oversee and run residential programs for children and youth with needs that cannot be met by general foster homes. CCAs also certify and oversee proctor foster homes. DHS provides a pass through certification for those proctor foster homes certified by CCAs.

1.5. Entities Referenced in this Report

Entity	Description ⁶
Child Welfare	Child Welfare is a continuum of services designed to ensure that children are safe at home and that families have the necessary support to care for their children successfully. In Oregon, Child Welfare includes Adoption services, Child Protective Services, Foster Care, and the Independent Living Program.
CPS	Child Protective Services. CPS responds to child abuse reports. CPS-trained caseworkers across the state listen to reports of abuse, assess the situations, and prepare safety plans to assist children and families.
CPS Hotlines	Child Protective Services Hotlines. There is a phone number anyone can call to report abuse of any child or adult to DHS. The hotlines are mostly decentralized, staffed by district offices.
DHS	Department of Human Services. DHS is Oregon's principal agency for helping Oregonians achieve wellbeing and independence through opportunities that protect, empower, respect choice, and preserve dignity, especially for those who are least able to help themselves. Divisions include: Assistance, Children & Youth, Seniors & People with Disabilities, and other services.
OHA	Oregon Health Authority. OHA is the agency that oversees and administers Medicaid and other public health programs in Oregon such as the Oregon Health Plan, Healthy Kids, the Oregon State Hospital, and other programs.
OAAPI	Office of Adult Abuse Prevention and Investigations. OAAPI is part of DHS and is responsible for coordinating and conducting abuse investigations and providing protective services statewide to reports of neglect and abuse of vulnerable adults including: adults over the age of 65; adults with physical disabilities; adults with developmental disabilities; adults with mental illness; and children receiving residential treatment services.
OLRO	Office of Licensing and Regulatory Oversight. OLRO is part of DHS and is responsible for licensing or registering regulatory and corrective action functions for long term care facilities and agencies including children's residential care agencies, foster care agencies, adoption agencies, assisted living facilities, and other such facilities and agencies.

⁶ These descriptions were taken from the DHS and OHA websites on September 04, 2016.

2. Findings and Conclusions

The report findings are categorized by the two areas of focus for the review: safe and appropriate placements and safe and swift response to abuse in care. Findings are summarized in Figure 8 below.

Figure 8: Findings Summary

Oregon Child Safety in Substitute Care Independent Review Findings	
Safe and Appropriate Placements	Safe and Swift Response to Abuse in Care
<p>More appropriate placements could prevent abuse of children and youth in foster care.</p> <ul style="list-style-type: none"> • FINDING I - Space availability drives placement decisions, rather than the needs of children and youth. • FINDING II - Oregon's placement capacity for children with high needs is shrinking. • FINDING III - Substitute care providers are not adequately trained or supported to safely care for children and youth with high needs placed with them. • FINDING IV - The urgency to find placements compromises certification and licensing standards. 	<p>A coordinated response to abuse in care could lead to earlier intervention and prevention of future abuse.</p> <ul style="list-style-type: none"> • FINDING V - Oregon's response to allegations of abuse in care is confusing and involves too many uncoordinated elements. • FINDING VI - The CPS abuse in care reporting, screening, and investigation process is localized and may result in inconsistent responses to harm in care. • FINDING VII - The current process of abuse in care reporting is rated untrustworthy by youth and other reporters. • FINDING VIII - There is little to no follow-up on abuse in care investigations. • FINDING IX - Information that could mitigate safety concerns is not efficiently shared between entities.

2.1. Safe and Appropriate Placements: More Appropriate Placements Could Prevent Abuse of Children and Youth in Substitute Care

Abuse in care often stems from placing children and youth with caregivers who are over capacity, not qualified to meet their needs, or not supported. Data collected for this review shows that inappropriate placements may result from a scarcity of placement options, fewer placement options for high needs youth, and inadequate

“The Department at times struggles with appropriate placement matching due to the complexities of children’s needs and the limited number of providers. Although there may be certified homes, there are times when homes are not available for children with complex behavioral or health care needs”

- Oregon Child and Family Services Plan, 2015, p. 50

training or support for foster parents caring for foster children and youth with high needs.

2.1.1. Finding I - Space availability drives placement decisions, rather than the needs of children and youth.

Appropriate placements for children and youth in substitute care are not consistently available, sometimes forcing DHS staff to place them with providers who cannot meet their needs. A CFSR Statewide Assessment identified lack of resources as a driving factor in placement decisions, stating that, “Waiting lists for needed services often result in children getting served by the first available resource rather than the most appropriate resource” (CFSR Statewide Assessment, 2007, p. 128).

DIFFICULTY FINDING PLACEMENTS

Figure 9: Word Cloud from open-ended responses, Question: What happens if there is no available foster home with proper training to take in a high needs child or youth? (Caseworker & Supervisor Survey Results)



Focus group and survey results highlight the difficulty caseworkers have finding appropriate placements for children and youth. Figure 9 shows the most frequently used words used in response to the open ended question “what happens when there is no available foster home with proper training to take in a high needs child or youth?” During the timeframe of this review, news articles reported issues of space availability: “DHS

officials told FOX 12 that on average, six foster children a week state-wide spend at least one night in a hotel or child welfare office” (“Crisis’ in Oregon Foster Care System,” August 8, 2016). DHS staff told reviewers that although the media is currently highlighting this problem, caseworkers have been spending nights in DHS offices with unplaced children and youth, lodging them in hotel rooms, and begging providers to take them for years. A 2011 Sensitive Review Committee Report found that, “Planful foster care placements to ensure stability often does not occur, primarily because of limited capacity and limited access to specialized training for foster parents and relative caregivers” (Sensitive Review Committee Report, 2011, p. 5).

ASSESSMENT TOOLS

Appropriate placements are dependent on a complete assessment of a child and family’s needs and strengths, as well as timely family finding for appropriate relative placement options. Oregon does not use an assessment tool prior to placement to determine the needs of children and youth, and therefore cannot proactively match children or youth to the qualifications of caregivers. Nor does the state use an assessment tool to identify the level of care provided by the pool of caregivers. Therefore, no data is available to show need and availability for each placement level or type.

The Department recognizes the importance and role of assessment as evidenced throughout Oregon’s child welfare rules and regulations,⁷ the DHS Child Welfare Manual, and articulated in the 2007 Children’s Wrap Around Initiative, but the consistent application of policies and procedures is not evident. It appears that due to the scarcity of placements, DHS is not able to adequately put this policy into practice.

Oregon uses the Child and Adolescent Needs and Strengths (CANS) Assessment once a child or youth is placed in substitute care, but only to determine payment rates and service plans. There is no level of care assessment conducted prior to placement.

“Level of care is not used to help find the right placement. Only after the child is placed is the personal care assessment done. And usually this is about a month after being placed.”

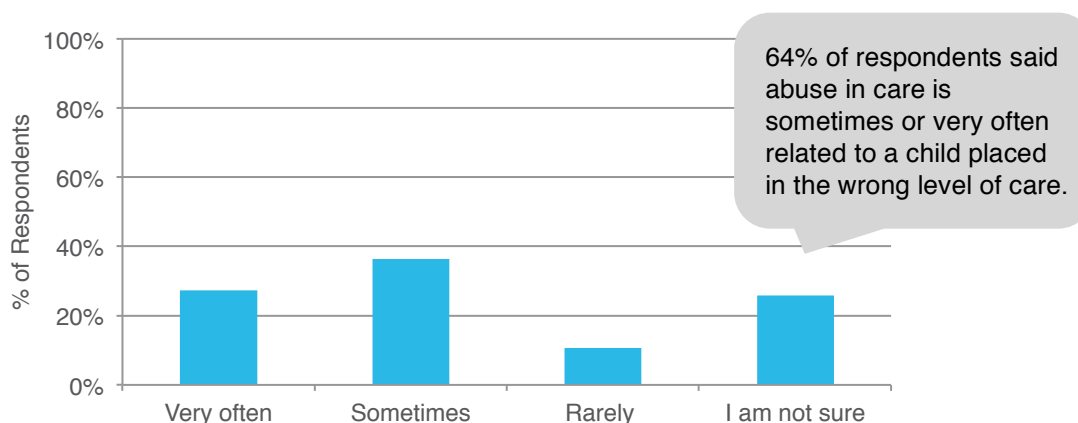
- Foster Parent Survey Respondent

DHS foster home certifiers reported in a focus group that DHS is not currently capable of matching children’s needs with qualified foster home placements to meet those needs, due to limited availability of qualified foster home placements. According to review participants, this can lead to higher risk of abuse in care.

⁷ See Oregon Administrative Rules (OAR) 413-070-0600 and 413-070-0625.

- 67% of foster parents surveyed said the needs of foster children and youth are not matched to providers' qualifications.
- Over 60% of attorneys and judges surveyed note that abuse in foster care is sometimes or very often related to a child or youth being placed in the wrong level of care for their needs. See Figure 10.

Figure 10: When abuse occurs in foster care, how often is the abuse related to a child or youth being placed in the wrong level of care for their needs? (Attorney and Juvenile Judge Survey Results)



2.1.2. Finding II - Oregon's placement capacity for children and youth with high needs is shrinking.

High needs is defined as: children and youth with behavioral or physical health issues. In the context of this report, children and youth with high needs require "intensive" authorized levels of care, which dictates the amount of payments for care; challenging diagnoses, behaviors, and other characteristics where placements break down frequently and require new placements frequently.

According to the 2016 CFSR Statewide Assessment Instrument, "While there is no way to capture the number of children in regular foster care who should be in a higher level of treatment care, stakeholder reports indicate that across the state children who meet criteria for BRS placement are living within the regular foster care system" (CFSR Statewide Assessment Instrument, 2016, p. 23).

PLACEMENT CAPACITY

Oregon's placement capacity, especially for children and youth with high needs is inadequate to meet the demand. Multiple recent reports and reviews have found this to be the case:

- “[DHS] Child Welfare may not be adequately assessing the capacity of programs to provide services for high-needs children and the appropriateness of those services” (CIRT Review 2012-2014, p. 2).
- “Children with multiple handicapping conditions are difficult to place and provide with comprehensive services” (CFSR Statewide Assessment, 2007, p. 128).

Residential bed capacity for children and youth with high needs appears to be steadily declining, decreasing 12% just over the past year (PK Data Request from DHS, 2016).⁸ There are limited step down placement options for those high needs youth who truly need intensive out of home care. It appears that Oregon has not historically focused on building out intensive therapeutic foster care (TFC) services for those children and youth in need of residential services. Instead, these children and youth are put in foster homes not trained or equipped to handle their needs.

88% of attorneys and judges surveyed see placements that exceed providers’ capacity, and 65% have seen caregivers not having sufficient training to care for the needs of foster children and youth in their care.

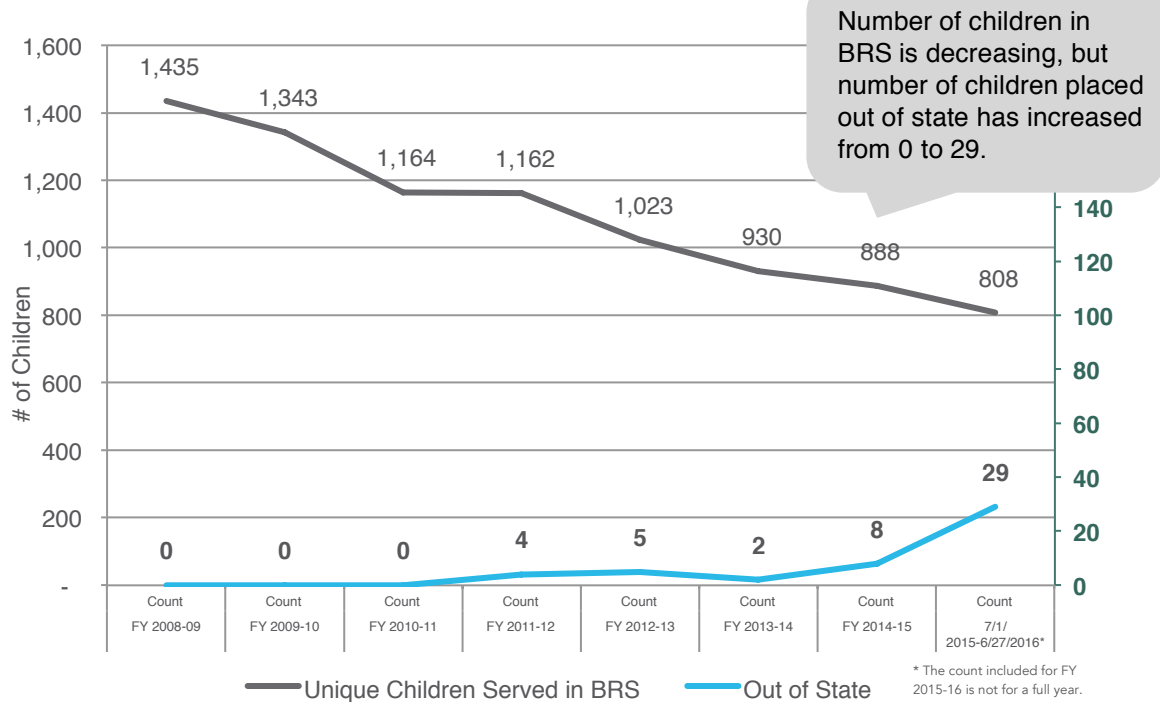
The need for intensive placement settings (e.g., residential treatment or therapeutic foster care) remains higher than Oregon can meet with in-state resources. While the number of children and youth in BRS placements is decreasing, the number placed in an out-of-state psychiatric residential treatment facility is increasing. In 2015, 3.6% of children served in BRS placements were placed out of state, up from 0.3% in 2012, and none in the years before that. See Figure 11. Sending children and youth out of state for services removes them from their community and support system and is expensive for the state.

⁸ Some review participants believe that this decrease may be a positive sign that problem providers are leaving the System.

PublicKnowledge

Findings and Conclusions

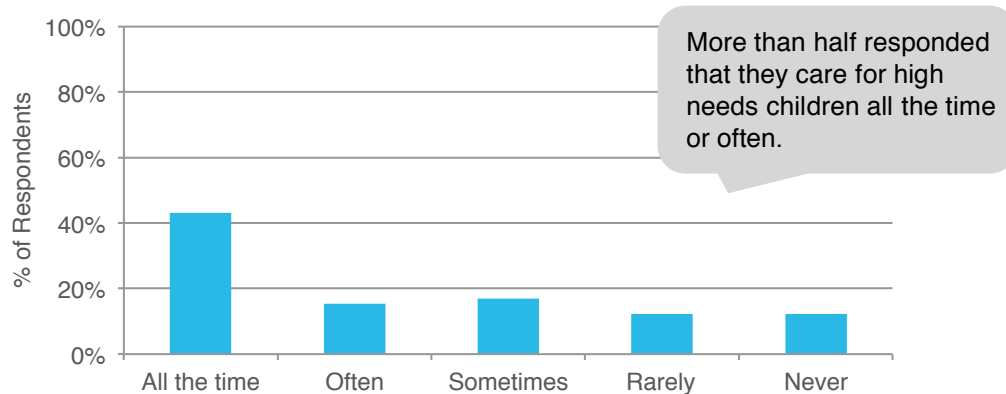
Figure 11: Number of Children in BRS Placements and Number of Children Placed Out of State (PK Data Request from DHS, 2016)



While survey respondents and focus group participants reported “high” or “very high” demand for all levels of substitute care in Oregon, they rated the need for BRS placements the highest (this includes foster parents, DHS caseworkers and supervisors, staff of CCAs, Citizen Review Board (CRB) staff, CASAs, and OLRO licensing coordinators). Participants CRB focus group reported that many TFC and group homes in Oregon have closed in recent years, leaving children and youth with significant needs without options because, “they can’t be placed in normal homes ...there isn’t a place for them” (CRB Focus Group Results).

More than half of the foster parents surveyed reported that they care for children and youth with high needs all the time or often. See Figure 12.

Figure 12: "How frequently do you care for high needs children or youth? (Foster Parents Survey Results)"



Scarcity of placements for children and youth with high needs can force inappropriate placements leading to negative outcomes, including safety issues. Participants in a CRB focus group reported that when a child or youth with severe behavioral issues who should be placed in a residential facility is placed with an untrained family, it puts everyone at risk. Problems also arise when children or youth with complex needs are placed in institutional settings that cannot meet their therapeutic needs. According to a recent report from a Juvenile Justice Mental Health Task Force: "A lack of psychiatric services, residential beds, and crisis placements has led to youth being held in less than ideal settings, such as detention or in hospitals. These settings are ill equipped to help youth with significant needs, many of whom have suffered abuse, neglect, and trauma. These settings can exacerbate underlying trauma, are expensive, and are not conducive to producing positive outcomes" (Juvenile Justice Mental Health Task Force Report and Recommendations, 2016, p. 1).

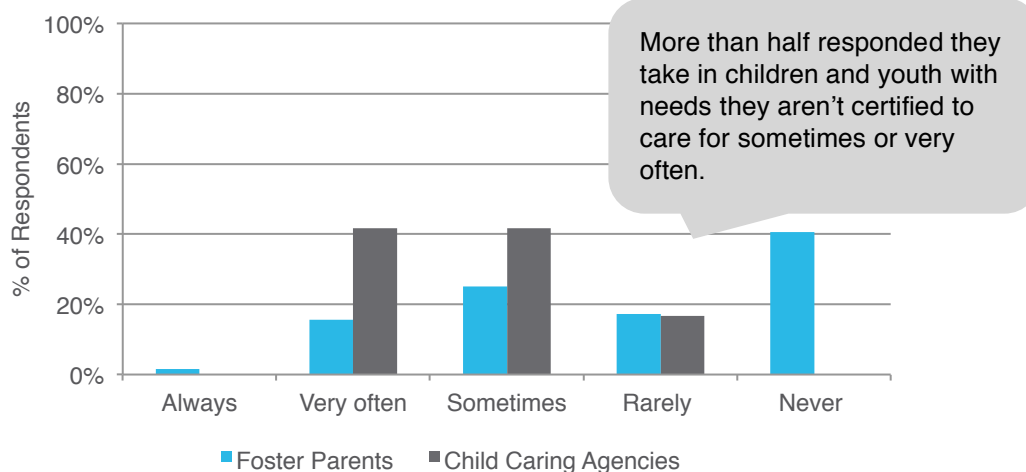
2.1.3. Finding III - Substitute care providers are not adequately trained or supported to safely care for children and youth with high needs placed with them.

DHS is placing children and youth with high needs with caregivers who do not have the skills or training to care for them. Both DHS certified foster parents and representatives of licensed CCAs report in surveys being asked to care for children and youth whom they do not have the right skills or training to serve. See Figure 13.

PublicKnowledge

Findings and Conclusions

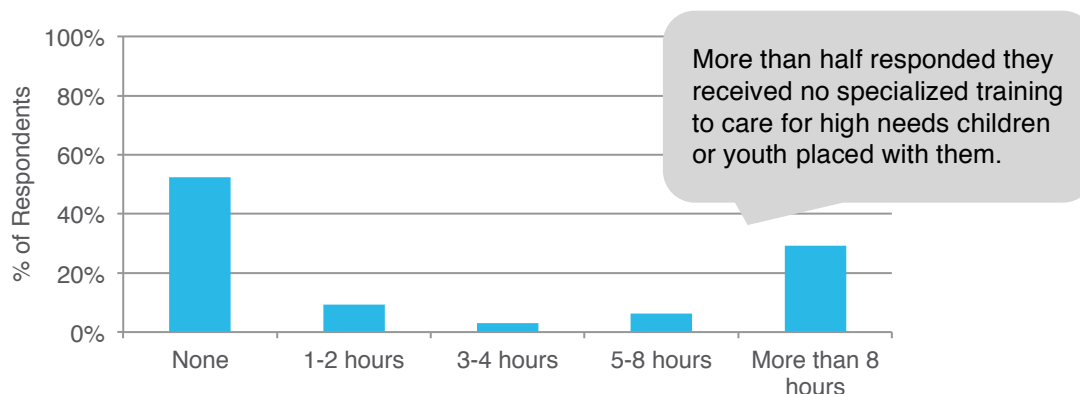
Figure 13: How often has DHS requested you take in children or youth with needs you are not certified to care for? (Foster Parents & CCA Survey Results)



Foster parent focus group participants indicated almost unanimously that they do not have the training to safely care for the needs of children and youth being placed in their homes. Foster parents who work with CCA's reported more and better training than the DHS foster parents in focus groups. Survey results from of both CCAs and DHS certified foster parents mirror the focus group results:

- 50% of child caring agencies surveyed report the children and youth placed in their care need a higher level of care than they are able to provide.
- Over 50% of foster parents surveyed report frequently caring for children or youth with high needs. In addition, over 50% of respondents report receiving no specialized training to care for children and youth with high needs. Based on survey comments, the delivery of specialized training also appears to be inconsistent across the state. Some respondents indicated that they must self-educate, and others indicated that their county offices provide regular opportunities for training. See Figure 14.

Figure 14: Did you receive specialized training to care for high needs children or youth placed with you? (Foster Parents Survey Results)



Participants in the review reported that foster parents typically get the support, information, and training they need to care for high needs kids from places outside of DHS. Some examples include Casey Family Programs, local mental health agencies, or the Internet.

The most recent CFSR Self Assessment corroborates the data collected from this review in its findings for why foster children and youth experience multiple moves within the System: “foster parents who are not equipped to meet the special needs of the child, may lack available child care, may be filled beyond capacity, or may lack local resources to meet the level of support needed for the child” (CFSR Statewide Assessment Instrument, 2016, p. 23).

TRAUMA INFORMED CARE

Review participants and substitute care system stakeholders agree that the state needs to infuse trauma informed care throughout the System. Focus group participants noted deficiencies in the trauma informed training and support provided to foster parents, staff of licensed CCAs, and the DHS staff who support them:

- Foster parents report that there is not enough trauma informed training, transitional therapy, or preparation for issues around separation and loss – on both the part of the children and youth they serve, and themselves.
- Foster parents say that when they call a caseworker for support for a child or youth with high needs, the caseworker does not have the right training to offer solutions.
- Foster parents, residential staff, and caseworkers need support, not just training. The work they are doing is difficult and can trigger trauma responses.

PROVIDER BURNOUT

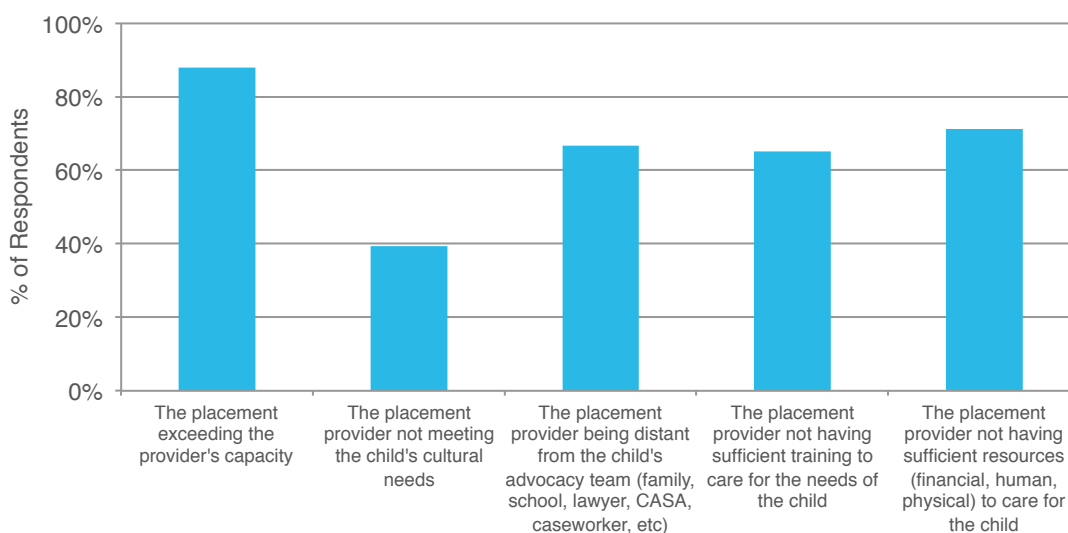
Focus group participants described the implications of not preparing caregivers to serve children and youth with high needs: when children and youth with high needs are in settings that do not have the skills to safely address their needs, there is more turnover within the System because those children and youth typically end up in multiple placements.

Inadequate training and lack of respite options for DHS certified foster parents also leads to poor decision making, burnout, and foster homes leaving the System. Focus group participants report that when foster parents don't receive the support they need to care for children and youth with high needs, they leave, placing increased burden and stress on those who stay.

2.1.4. Finding IV - The urgency to find placements compromises certification and licensing standards.

DHS caseworkers ask substitute care providers (both licensed CCA providers and DHS certified foster homes) to take in children and youth in excess of the foster home's certified or licensed capacity, with some regularity. Over 90% of caseworker and supervisor survey respondents reported that in their work they had observed "the placement exceeding the provider's capacity." Almost 90% of attorneys and judges surveyed for this review reported that they see placements exceeding the provider's capacity occurring in their practice. See Figure 15.

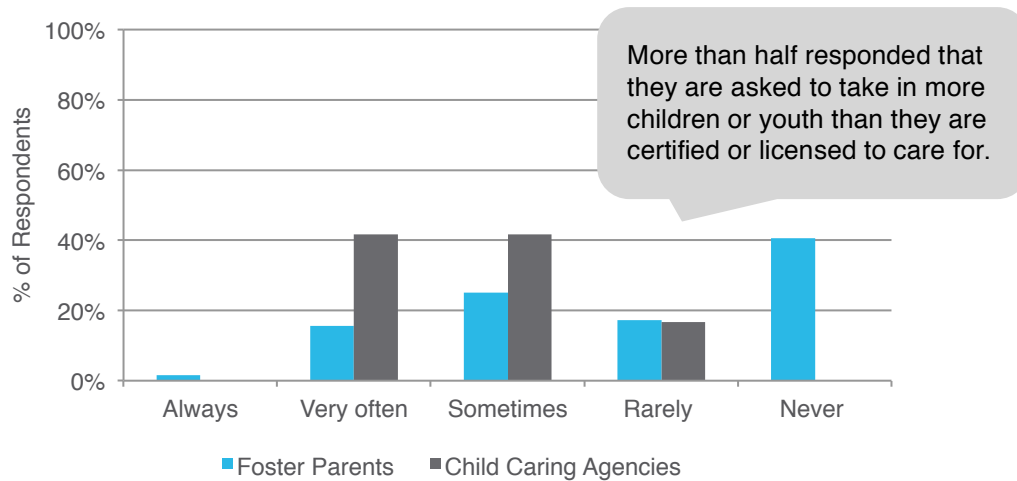
Figure 15: From your experience, which of the following foster care placement situations do you see occurring in your practice? (Attorney and Juvenile Judges Survey Results)



Over half of the DHS certified foster homes and CCAs surveyed report being asked to take in more children or youth than they are certified to care for. See Figure 16. According to foster

parents focus group participants, this issue is exacerbated in rural areas where there are fewer foster homes.

Figure 16: How often has DHS requested you take in more children or youth than you are certified or licensed to care for? (Foster Parents and Child Caring Agencies Survey Results)



According to focus groups, placing children and youth in substitute care placements that exceed the licensing and certification capacity or qualifications compromises the caregivers' ability to safely oversee all the children and youth in their care. Focus group participants reported that a compromised ability to safely supervise the youth in their care could lead to abuse, often between children or youth in the placement. And, exceeding capacity can lead to higher stress and increase the risk of caregivers making poor decisions, which could lead to abuse or allegations of abuse.

FOSTER HOME CERTIFICATION, EXCEPTION PROCESS

Focus group respondents reported that DHS foster home certifiers are being pushed to certify more homes more quickly. Desire to increase the availability of placements of all types may be resulting in DHS certifying foster homes that otherwise would not meet certification requirements.

Our review of high settlement or award lawsuits against DHS revealed that a number of exceptions occurred during the certification of the DHS certified foster homes (which constituted 19 of the 23 lawsuits we reviewed), including: placing an exceedingly high number of children in one home, placing high needs children in homes not qualified to care for those needs, not taking into account past criminal history of foster parents that could affect their suitability for certification, and not adequately considering prior incidences of neglect by foster parents.

Certifiers in a focus group cited weakness in DHS policy and procedure leading to the certification of foster homes that do not meet the technical threshold for denial, but should be denied. Certifiers report that the criteria for review of foster homes do not provide enough reasons for denial, even when a certifier believes there is enough evidence to deny. They report that oftentimes these are the foster homes that become problematic down the road.

Review participants are mixed on whether certifiers have enough or too much discretion when certifying foster homes. Certifiers report they cannot use discretion when they believe they should deny an applicant. Other participants say there is too much local discretion and inadequate standardization of the certification process.

Certifiers estimate that exceptions to certification requirements are used in a majority of new homes opened, mostly for relatives providing emergency foster care. Some focus group participants reported the perception that in rural areas of the state, relative caregivers are “given more leeway” because there are fewer available foster homes.

While emergency certifications and the use of the exception process introduces some risk, certifiers and other review participants also cite the exception process in Oregon as a strength of the System. The exception process enables more relative caregivers to be certified, which is often in the best interest of the child or youth being removed from their home, a preferred placement option to non-relative care.

According to the 2015 CFSR Statewide Assessment Instrument, 46% of children entering care during the 2014 federal fiscal year were eventually placed with a relative, and children were either placed with a relative or there was concerted effort to place them with a relative in 90% of cases (p. 34). In 2011, Casey Family Programs reported that 21% of Oregon’s children and youth were in relative foster care placements (Data Snapshot on Foster Placement, 2011, p.3).

CONCLUSIONS FOR CHILD AND YOUTH SAFETY IN CARE

Review participants indicated that the risks of abuse and other safety issues are elevated if children or youth are placed with a substitute care provider unable to meet their needs.

We heard from almost all assessment participants that demand for all placement types is high and the availability of them is low. Because Oregon does not use an assessment tool prior to placement, nor does the state assess providers for what they can provide, it is not possible to fully understand the gap between need and capacity. This puts all foster children and youth at risk of being placed inappropriately, which can lead to safety concerns.

If a substitute care provider is caring for more children or youth than certified, licensed, or qualified for, safety risks increase for all residents in the placement setting, including other youth and the caregivers.

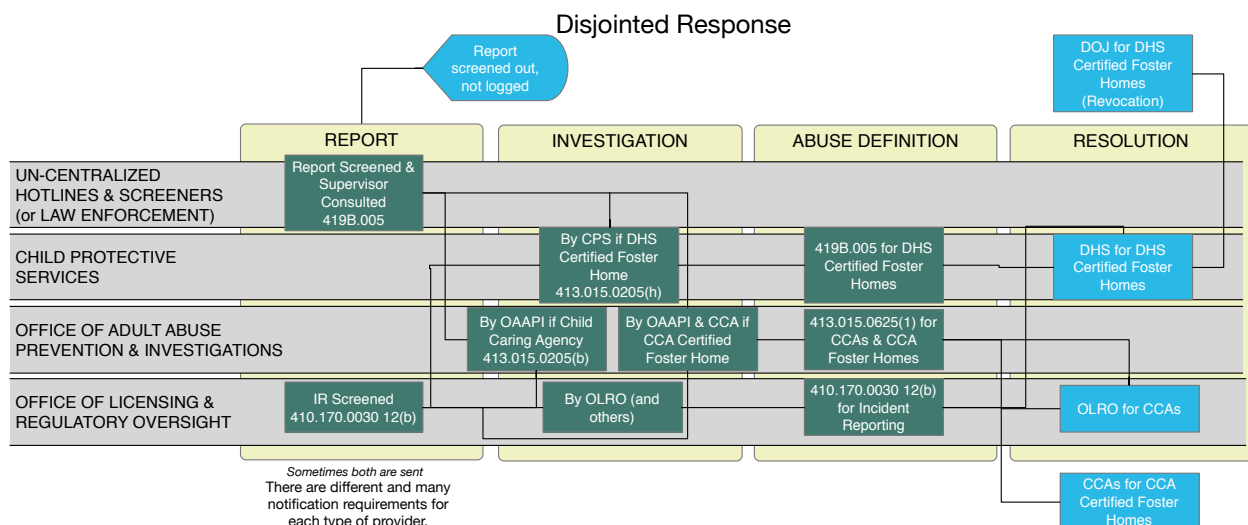
Children and youth with high needs face even higher safety risks related to inappropriate placements. A child or youth with high needs, combined with a caregiver with limited skills to safely meet his or her needs, may increase the likelihood that abuse will occur in that placement setting. Due to the limited and decreasing number of qualified appropriate placements for children and youth with high needs (such as residential placements), typical foster care homes are increasingly being asked to take them in, but with limited skills and support to do so safely.

2.2. Safe and Swift Response to Abuse: A coordinated response to abuse in care could lead to earlier intervention and prevention of future abuse.

2.2.1. Finding V – Oregon’s response to allegations of abuse in care is confusing and involves too many uncoordinated elements.

There are a number of DHS entities, people, statutes, rules, policies, and processes involved in interpreting and applying abuse in care definitions, associated investigation procedures, and rules for critical incident reporting. This has created a confusing and uncoordinated system of response to allegations of abuse in care. See Figure 17.

Figure 17: As-Is Map of Current Response to Reports of Abuse in Substitute Care



Several administrative bodies have responsibility and authority when a potential instance of abuse in care is reported: Child Protective Services (CPS) hotlines in each DHS district or Office of Adult Abuse Prevention and Investigations (OAAPI) determine whether an allegation meets the criteria for CPS assessment/investigation, then the CPS or OAAPI worker determines whether it is founded; the Office of Licensing and Regulatory Oversight (OLRO) or CPS enforces licensing or provider support implications; DHS district caseworkers follow up on the child’s needs, including placement changes, notification of the child’s advocacy circle (e.g., CASA, attorney, therapist, etc.), and updates the case plan as needed.

The review team was unable to find a single individual within this system who understands the entire process of responding to allegations of abuse in care for all provider types. This means

that when a child or youth is abused in substitute care, no single individual has a handle on what should be done, by whom, and by when.

TWO DEFINITIONS OF ABUSE FOR FOSTER HOMES

Oregon defines abuse in a foster home differently based on the entity that certifies the home (DHS certified foster home or a CCA proctor foster home). The rules and statutes that define abuse in a CCA are defined in greater detail because of the unique vulnerabilities of children served and the nature of a residential setting. Yet, this definition also applies to the CCA proctor foster homes, but not to the DHS certified foster homes (DHS Foster Homes: ORS 419B.005, CCA Foster Homes: ORS 418.205).

INVESTIGATIONS OF ABUSE IN CARE

When allegations of abuse in care are reported to the CPS hotline, the screener notes whether the alleged abuse occurred in a DHS certified foster home, or a CCA proctor foster home, and sends the latter reports to OAAPI for screening and investigation (OAR 407-045-0870). The variance in investigation processes between residential facilities and foster home settings may be appropriate due to key differences between the settings (for example residential facilities employ paid clinical and line staff, and the setting by nature is not a home-like setting). However, the same rules that govern OAAPI investigations of CCA residential facilities also apply to investigations of abuse allegations that occur in CCA proctor foster homes. A child or youth could experience the same abuse in a CCA proctor foster home and a DHS certified foster home, but the definition of abuse is different, the agency investigating that abuse would be different, and therefore the subsequent response would vary.

Our review of OAAPI investigator training materials revealed that they receive child-specific training, but their primary charge is adult abuse. A review participant noted that the OAAPI investigators are unable to attend the introductory training for caseworkers to understand the child welfare system and court system within which they are navigating.

Related concerns expressed by focus group and survey participants include:

- There is a perception among some review participants that the heightened focus on abuse in care, stemming from recent media coverage and legislative attention, has increased the amount and intensity of investigations of allegations of abuse done by OAAPI. This impacts both CCA residential facilities and CCA proctor foster homes, but not DHS certified foster homes.

- There is a perception among some review participants that SB 1515, which went into effect on July 1, 2016, has increased expectations for OAAPI investigators and OLRO staff. Some focus group and survey respondents report that OAAPI investigators and OLRO staff are not adequately trained, resourced, and supported to fairly and competently implement the new expectations.

INCIDENT REPORTING VS. ABUSE ALLEGATIONS

Incident reporting is sometimes confused with abuse reporting and often is reported both ways, leading to confusion, redundancy, and potential under or over reporting of actual abuse. This creates a situation that overwhelms DHS, OLRO, OAAPI, and providers. The approach to responding to a critical incident vs. an allegation of abuse is often the same. The criteria for what constitutes a critical incident vs. abuse or neglect is not clear (outside of the definition of abuse and neglect contained in policy language), or is not followed.

Foster parents in focus groups reported that there is no operational definition of “critical incidents” (the current definition is vague and contained in OAR 413-200-0383) and all the foster parents we spoke to use different procedures for handling them. For example:

- Some foster parents document everything in an email or phone call to a certifier or caseworker, (i.e., baby’s fingernail scratched her own cheek).
- Others reported taking pictures of scratches or bruises and emailing them to a certifier with an explanation.
- One foster parent uses a smartphone app to track every incident of physical concern that the foster child experiences.
- Another foster parent had never reported anything because she was not aware of what constituted a critical incident or the procedures for making a report.
- According to DHS foster parents, foster parent training materials say to report an incident if it is “something a mom would want to know about.” This leaves the decision about what to report up to individual discretion.
- Foster parents noted that every certifier and caseworker has different expectations of what should be reported to the hotline versus what should be documented and who should be

Foster parents indicated that they can lose their certification if they report incidents the “wrong way,” but there is no clear information about what is “the right way.”

- Foster Parent Focus Group Participants

PublicKnowledge

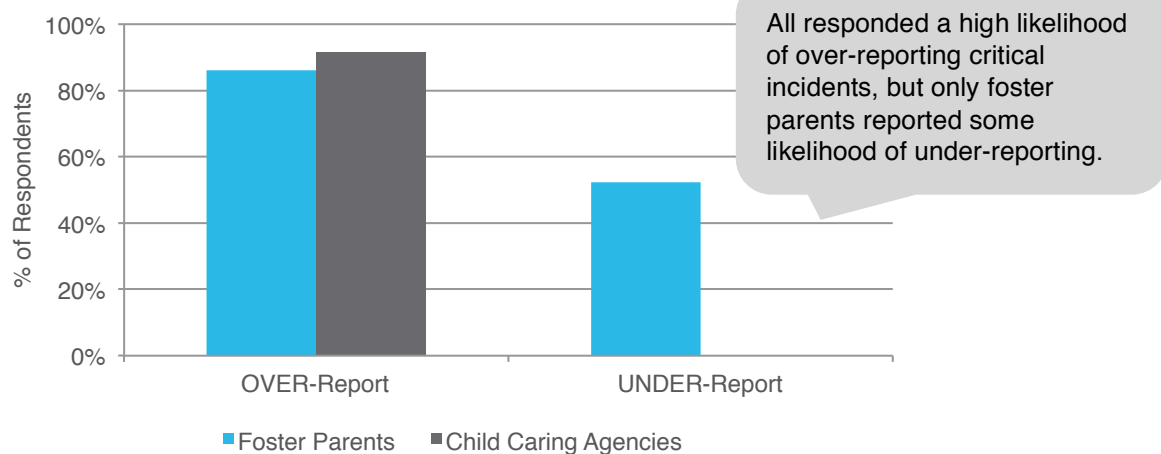
Findings and Conclusions

notified. One foster parent in a focus group said that there is no middle ground for incident or abuse reports. DHS either does nothing, or opens a lengthy investigation.

There is a definition in rule and policy for critical incident reporting that applies to CCAs (OAR 413-215-0091(12)). However, CCA staff noted that, in order to protect themselves, they report every unusual incident in an incident report and to the abuse hotline, often beyond what the rule requires. CCA staff further report that in the current reporting environment too many (and sometimes all) of these reported incidents are being investigated as abuse or neglect. This has overburdened the staff of the provider agencies and governmental agencies.

As a result of this lack of clarity, it appears abuse in care by both CCAs and foster homes is both under and over reported. See Figure 18.

Figure 18: How likely are you to OVER- and UNDER- report critical incidents due to uncertainty about which circumstances constitute a critical incident? (Foster Parent and Child Caring Agency Survey Results)



Over reporting of critical incidents as abuse in care could be a contributing factor to the high number of calls received by the child abuse hotline that are closed at screening. A high volume of unnecessary reports overburdens staff that must consider and dismiss a number of insignificant incidents. Individual workers' judgment about true allegations of abuse and neglect may be affected. It is clear that the system does not consistently or accurately discern which reports should be investigated. Our review of the large settlement or award lawsuits revealed that at least six involved multiple reports of abuse that were closed at screening or never fully investigated.

2.2.2. Finding VI - The CPS abuse in care reporting, screening, and investigation process is localized and may result in inconsistent responses to harm in care.

Because the child abuse hotline is decentralized and standardized protocols are not used across districts, response to allegations of abuse may vary depending on where the report was made. Oregon has a single statewide number for reporting abuse (the child abuse hotline), but there is no standard screening protocol that supports consistent decisions across similar cases. Local variation in screening and assessment protocols makes it difficult to eliminate bias and ensure consistent safety decisions are made statewide. According to a recent review, Oregon's practice of "localizing" policies, procedures, and interventions results in inconsistent application of a statewide safety intervention model (OR Safety Model, 2013, p. 1-2). In the words of one focus group participant: the application of DHS screening policies is "as varied as the people" doing the work.

Of the 16 DHS Districts, four provided written protocols to the review team.

- Two outline the Department Rules and two supplement the Department Rules.
- District 2, which covers Multnomah County and District 4 which covers Lincoln, Benton, and Linn counties have supplemental protocols for CPS screening and assessment that provide additional detail on information sharing and coordination between and among DHS staff.
- Additionally, the District 2 protocol specifically requires the caseworker to follow up with the child if a report of abuse or neglect concerning that child was closed at screening, although it does not require the caseworker to do so within a certain timeframe.

Citizen Review Board (CRB), biological parents, and CASA focus group participants expressed discomfort and a lack of confidence with hotline screeners' ability to adequately assess calls to the hotline. Based on their experience making reports about abuse in care to the hotline, they do not believe that screeners receive sufficient training to make consistent and accurate determinations about alleged abuse in care. Fourteen years ago, a PK study found that CPS branches appear to be inconsistent in the abuse screening and assessment criteria that they apply. This appears to still be true today (PK Review, 2002, p. ix).

LOCAL RESPONSE

Focus group participants described situations where caseworkers may intervene at the field level to allegations of abuse and neglect rather than reporting to the hotline, thus reducing the possibility of a formal investigation being launched or consequences for certification or licensing. This practice could be a strength to build upon, if it is an attempt to handle minor

situations with minimal disruption to the child or youth in care. However, because standards for responding to such “minor” situations are not clear, there is no assurance that consistent safety decisions are being made. In focus groups, youth told reviewers stories about caseworkers’ varied responses to reports of abuse, indicating that responses depend on whether they had a good relationship with a caseworker or how long the caseworker had been at DHS.

In some districts it appears that caseworkers are closely involved with investigations. Some focus group participants fear that because those caseworkers are intimately involved with the case, they are not able to objectively assess the situation for abuse or neglect in care.

Foster parents reported taking pictures of scratches and bruises and emailing them to the child’s caseworker, but there does not appear to be a clear protocol for what the caseworker does with that information.

As noted in finding V, CPS and OAAP have different rules, policies, and procedures regarding investigations and follow-up for allegations of abuse in care, further contributing to the inconsistencies.

HOTLINE STAFF TURNOVER

Survey data from this review corroborates the perception that CPS hotline screeners have a high turnover rate, which may exacerbate the challenges to ensuring consistency. Another consequence of high turnover rates is that historical knowledge about past allegations may be incomplete or lost altogether.

- 22% of screeners surveyed for this review were a CPS hotline screener for less than a year
- 74% have been in their role for three years or less

Multiple participants in this review reported that poor performers at DHS are often re-assigned to hotline positions. Our review team did not assess personnel files to verify the truth of this assertion, however it is significant that a number of individuals inside and outside of DHS hold this belief. Regardless of whether this is or is not common practice, the perception itself speaks to serious issues within the DHS culture as well as external perceptions of the agency.

2.2.3. Finding VII - The current process of abuse in care reporting is rated untrustworthy by youth and other reporters.

Youth and other reporters of abuse in foster care expressed many reasons for not trusting the process for reporting abuse in care. Reasons

“Overall I did not trust that I could report to anyone. What I could trust in was keeping my head low so I didn’t get abused often.”

– Youth Survey Respondent

PublicKnowledge

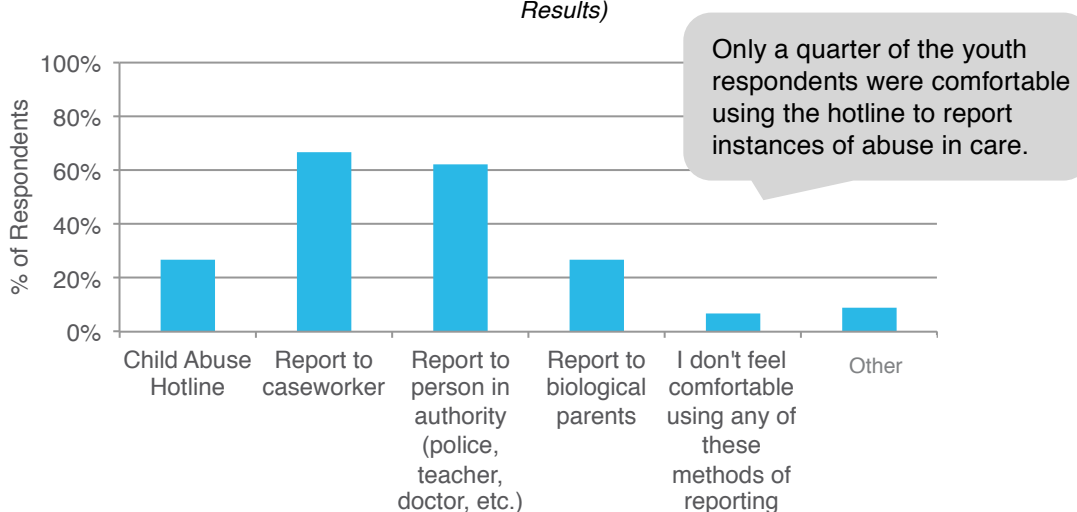
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include fear of retaliation, lack of confidentiality, and lack of clarity about what happens after a report of abuse or neglect is made.

Youth in focus groups reported⁹ feeling more comfortable and getting better results when reporting instances of abuse or neglect or discussing safety concerns with a trusted adult outside of DHS, including to a CASA, attorney, law enforcement, or teacher.

Surveys showed that almost 70% of youth report being comfortable reporting abuse to their caseworker. Over 60% are comfortable reporting to another adult authority figure outside DHS. Only about a quarter of them reported being comfortable using the hotline, which is the current official process for reporting abuse in care in Oregon. See Figure 19.

Figure 19: What methods of reporting instances of abuse in care do you feel comfortable using? (Youth Survey Results)



Youth participants in our review (from initial key informant interviews through focus groups and the youth survey) expressed confidence that the Foster Care Ombudsman listens and believes their concerns. Other (non-youth) review participants reported concerns that the Ombudsman is located within DHS, potentially creating a conflict of interest and not being truly independent from DHS leadership influence.

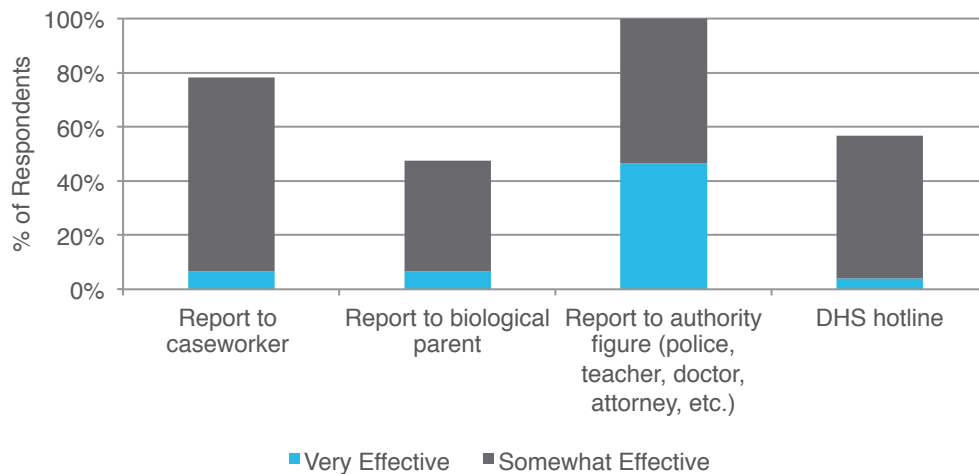
The attorneys and juvenile court judges surveyed for this review indicated that the most effective avenue for children or youth to raise concerns about their placement is to report it to an authority

“As a judge I have not found reports to the hotline to be effective...DHS often codes the report as unfounded, even when a child is unsafe.”
– Juvenile Judges Survey Respondent

⁹ Note there are conflicting reports from youth in this section about their comfort with reporting abuse in care to different entities. On one hand some youth say no one at DHS is trustworthy, but on the other hand a majority of youth survey respondents indicated that they are comfortable reporting abuse to their DHS caseworker. After listening to and reading about the experiences of over 100 current and former foster youth, we believe that there is value in evaluating all of this information. The seemingly conflicting reports are indicative of the confusing experiences of many foster youth, particularly when they suffer abuse in care.

figure other than a caseworker. See Figure 20. 64% of attorneys and judges report the hotline is rarely or only sometimes a reliable way to have concerns heard and responded to.

Figure 20: How effective are the following avenues for foster children or youth to raise concerns about their placements outside of making an allegation of abuse or neglect? (Attorneys and Juvenile Judge Survey Results)



CULTURE OF DISBELIEF

Youth in focus groups reported feeling that the System treats them as “bad” kids who did something wrong to end up in substitute care and doesn’t trust them. A 2015 Critical Incident Initial Response Team Report found a potential systemic issue in “the ability of children in foster care to feel safe about expressing concerns, including concerns about a foster home” (CIRT Initial Report A.M. & R.M., 2015, p. 6).

According to results from focus groups and key informant interviews, there is a “culture of disbelief” toward children in the System and it is set up to discount the child or youth’s experience. Review participants say that some workers determine the validity of a hotline call before all the facts have been gathered. They add that many DHS workers don’t have the time or training to look at a situation from a neutral perspective, and children and youth often don’t feel comfortable talking to certifiers and caseworkers because of their close relationships with foster parents.

Youth reported a lack of confidentiality about their safety concerns. When youth tell their caseworker about abuse or other issues occurring at the foster home, they believe the caseworker often shares the information with the foster parent. Resulting in an unsafe, retaliatory, and uncomfortable environment for the youth.

It may be for good reason that youth do not trust the hotline or DHS to respond adequately to reports of abuse. Youth are not generally considered trusted reporters of abuse within the system, according to survey respondents. The most common reason reported for not trusting youth reports was if a child or youth had made false reports in the past.

2.2.4. Finding VIII - There is little to no follow up on abuse in care investigations.

When a person reports abuse or neglect of a child in a DHS certified foster home using the hotline, DHS's Administrative Rule does not require follow-up to the reporter regarding the outcome of the Department's assessment and whether the allegation was closed at screening (ORS 409.185).

Follow-up is required to the person making the report when the child resides in a CCA residential facility or a CCA proctor home. These are OAAPI-regulated placements (OAR 407-045-0870(4)).

Department rules require OAAPI to notify the child or youth's biological parents or legal guardian, the caseworker, the tribe of an American Indian child, or the Oregon Youth Authority (OYA), when a report of abuse concerning a child in a DHS certified home is made, unless doing so would interfere with the investigation (OARs 407-045-0860(4) and 407-045-0870(1)). However, these parties report not consistently receiving information about reports of abuse and neglect.

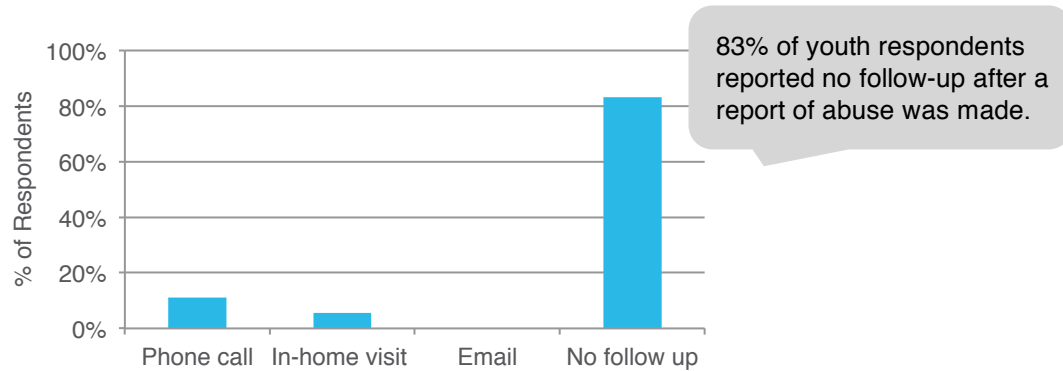
Of the 16 DHS Districts, four provided written screening protocols to the review team, and of those four, only one required the caseworker to follow up with the child after a "closed at screening" allegation.

REPORTERS' EXPERIENCE

Focus group and survey respondents report not receiving follow up after making reports of abuse in care.

- 83% of youth in surveys say they have never received follow up. See Figure 21.
- CASAs in a focus group reported minimal follow up after making reports.
- Biological parents in a focus group reported not being consistently informed when they make reports of suspected abuse or neglect in care.
- 45% of attorney and judges survey respondents stated that the CPS hotline is not an effective avenue for foster children and youth to report concerns.

Figure 21: How have you been kept informed once a report of abuse against your foster home provider has been made? (Youth Survey Results)



Follow up on abuse in care investigations appears to be occurring inconsistently, although the policies are clear.

CONSEQUENCES OF NO FOLLOW UP

No follow up is an issue because the reporter or other members of the child's or youth's team do not know if DHS is taking any action, or if the child in question is in an unsafe situation.

"I've made a number of hotline calls, I have no idea whether they've been investigated or whether the concerns have been responded to."

– Attorney Survey Respondent

Youth reported instances of ongoing abuse when DHS failed to follow-up on reports of abuse. One youth reported running away from an unsafe situation before DHS would take her concerns seriously and conduct an investigation.

Foster parents reported receiving no communication during an investigation, other than that they were under investigation. They are not told what the allegation is and receive no communication from DHS during the investigation. Although there may be sound reasons for this to protect the reporter or the child or youth in question, foster parents note that lack of information and the response of moving the child to a new placement can also impact safety and well being.

2.2.5. Finding IX - Information that could mitigate safety concerns is not efficiently shared across the entities involved in keeping children and youth safe.

In 2015, a Critical Incidence Response Team reviewed the case of two children that were severely abused while residing in a foster home. In review, the team noted that there is a

systemic issue in DHS of poor communication within and between branches on co-managed cases (CIRT Initial Report A.M. & R.M., 2015, p. 6).

DHS staff report in surveys that System-wide mechanisms do exist to share information about safety concerns, although this was also an area rated high for opportunities for improvement. Focus group participants reported that information sharing is inconsistent and there are many opportunities for information to fall through the cracks.

- 83% of caseworkers and 67% of hotline staff report there are System-wide mechanisms in place to share information.
- 70% of caseworkers and supervisors reported that improving “IT systems that store and share data” is a top solution for increasing efficiency and coordination between the entities involved in keeping children and youth safe in care (i.e., Child Welfare, CPS, OAAPI, OLRO, and others).

One hotline screener reported using five separate data systems to manage information.

- CPS Hotline Staff Survey Results

DATA SYSTEMS

Oregon currently has a disjointed data enterprise for tracking information about child and youth maltreatment in substitute care. OR-KIDS, the DHS data system, has reporting capabilities, but currently does not have advanced reports set up on the data requested for this review and surrounding child and youth safety in care. This data also is not currently shared or used for trend identification. In the absence of trustworthy data and observable trends, single incident cases and anecdotal information are driving decision-making.

Several separate data systems that do not share information and are of varying maturity levels are used across the System. There are unused fields in the OR-KIDS system that would allow a richer data analysis regarding child safety.

We heard from review participants that the data systems are further limited by staff members that do not input data accurately or in a timely manner. This might be due to training, workload constraints, or other issues. The review team experienced this firsthand: when analyzing data sets we noticed a number of “blank fields” or “unknown” data elements.

FOSTER PARENTS

Foster parents report in focus groups that they often receive little information on a child prior to placement, including mental health history and

“The [Safety Team] found that the lack of communication among DHS staff and/or foster parents contributed to the initial and long term abuse of children in foster care.”

-Oregon Foster Care Safety Team Final Report, p. 4

emotional triggers. One example was the case of a newborn in which the foster parent did not receive information on the infant's birth weight, number of weeks she was born prematurely, and that she was born drug-addicted – all of which would impact the care she should have been receiving.

Foster parents report that DHS staff often does not listen to their concerns or recommendations about a foster child or youth, even though the child is living with them and the foster parent has day-to-day contact.

CASEWORKERS

Caseworkers are required to have contact with children and youth in substitute care that are on their caseloads once per month. According to focus group and interview participants, caseworkers often fail to meet that requirement.¹⁰

Foster parent focus group participants indicated that caseworkers often give incomplete information about children and youth placed in their homes. This could be because they don't know the child, or they may be highlighting their strengths and downplaying their challenges in order to place them. While this may be well intentioned on the part of the caseworker, the foster parent may not know the true needs of the child, increasing the challenge of safely caring for these children or youth.

In focus groups, foster parents report little communication from caseworkers, unreturned phone calls, and often adversarial relationships with them. They report receiving little support, resources, or information from DHS workers to safely care for children and youth in their homes. Most foster parents report turning to their certifiers for support, rather than the child's caseworker.

BIOLOGICAL PARENTS

A focus group of biological parents of children and youth in substitute care report not being believed or taken seriously by DHS. Biological parents feel they are discredited and perceived as having poor parenting skills and not having the best interest of their children in mind, and therefore, are not listened to when communicating safety concerns. They also report not being consistently informed when their children are harmed in care.

¹⁰ As reported in the Statewide Assessment, as of December 2015, 87.46% of contacts with children in substitute care occurred.

2.2.6. CONCLUSIONS FOR CHILD AND YOUTH SAFETY IN CARE

Children and youth experience abuse or neglect the same, regardless of where they live, but the response they experience may be different depending on their placement and caregiver.

Often the wrong allegations are investigated and the ones that should be investigated are screened out. For example, according to Oregon's most recent CFSR Statewide Assessment, in some cases of maltreatment in substitute care there were previous calls [about the case] that were closed at screening or assessed and had a disposition of "unable to determine" (CFSR Statewide Assessment Tool, 2016, p. 16). At least six of the lawsuits we reviewed involved multiple reports of abuse that were closed at screening or never fully investigated. This resulted in abuse escalating undetected.

Findings of abuse are siloed. Isolated communication of crucial facts can lead to safety risks. For example, many cases of abuse and neglect have occurred in provider homes that were never thoroughly assessed and scrutinized prior to certification, according to focus groups and our review of the large settlement or award lawsuits. Other cases of abuse and neglect occurred in provider homes where reports were not accurately documented and spread over several years.

The Department's complex and disjointed system puts children and youth at risk by increasing the likelihood that important facts about safety in care will be overlooked and critical decisions to protect foster children and youth will not be made. In the current system, there is no effective way to ensure that information about abused children or youth does not "fall through the cracks."

3. Related Barriers

This section provides ancillary findings and information about barriers to improving the child substitute care system that arose during the review. Although technically out of scope for this review, we amassed information about these topics during the data collection activities for the review. These barriers, if not thoughtfully addressed and adequately resourced, will hinder progress toward solving the major gaps in the System described in the findings in Section 2. The three areas include data-driven decision making, unreasonable caseloads, and recruitment and retention of substitute care providers. This section also includes observations about disproportionality and minority groups within the system.

3.1. Data Driven Decision Making

ACCESSIBLE, ACCURATE, AND RELIABLE DATA COULD INFORM HOLISTIC SOLUTIONS THAT ADDRESS THE ROOT CAUSES OF HARM IN CARE.

There are few, if any, current reports or protocols set up to share information and data about the safety of placements and providers. The data may exist in the systems, but DHS staff from Department leaders to caseworkers, are not consistently using it to identify trends and make decisions. Limited data-driven decision making leads to reactionary responses based on single incidents and crisis. In the words of one assessment participant, actors within DHS and the System as a whole always feel like they are “putting out a fire.”

IMPLICATIONS FOR CHILD AND YOUTH SAFETY IN CARE

Legislators, DHS leadership, and staff across the System need access to reliable and current data in order to make appropriate decisions that affect the health and safety of Oregon’s children and youth in substitute care. Limited data results in management by single incident cases.

SUPPORTING EVIDENCE

There are several separate data systems currently used by Child Welfare (ORKIDS), OLRO, and OAAPI that do not interface with one another and that are at varying maturity levels.

Oregon is currently dealing with a disjointed and outdated data enterprise system. Producing and evaluating a basic set of performance data is not a part of routine reporting and decision-making. Single incident cases and crisis response are filling this data vacuum, which in turn is driving regulatory and case decisions. These well-intended but partially informed decisions may negatively impact child and youth safety.

Data driven decision-making is instrumental to ensure children are kept safe in care, and, “the absence of such information or presence of irrelevant, insufficient or voluminous and disorganized information results in poor decisions” (OR Safety Model, 2013, p. 14).

The case of Give Us This Day (GUTD)¹¹ is an example of how single incident cases may drive responses when there is a breakdown in the system. As explained in the GUTD Audit, in 2005, DHS made a formal recommendation to not renew GUTD licensing, to stop making referrals, and to remove a majority of the youth residing there. DHS took formal steps to deny renewal of their CCA license. However, DHS leadership at the time made the decision to continue GUTD licensing under a temporary action plan (Audit Report, 2016, p. 2-3) Reasons for this are many, and the state is currently engaged in lawsuits that may bring some of those reasons to light. Contributors to this review believe that political pressure, the provider’s willingness to take in “hard to place kids,” the state’s lack of placement resources, and the state’s fear of appearing racist were primary factors in this case. These factors are not necessarily representative of all the breakdowns in the System leading to children and youth being harmed in care, however this case has instigated responses at multiple levels of the System.

3.2. Unreasonable Workload

REASONABLE WORKLOADS FOR AGENCY STAFF (INCLUDING CPS, OAAPI, OLRO AND OTHERS) COULD IMPROVE CHILD AND YOUTH SAFETY IN CARE.

The Child Welfare League of America recommends a caseworker have on average 12-15 children (not cases) at any time. Only 11% of child welfare agencies across the country are meeting this standard (Workforce Issues in Child Welfare, 2009, p. 4). According to DHS staff, Oregon does not track caseloads by DHS workers. Instead, Oregon uses an activity-based workload model adopted by Oregon’s 78th Legislature. The model tracks the percentage of work being completed by the workforce in a certain timeframe and relies on self-reported time studies. According to DHS staff, the numbers from February 2016 show DHS workers as completing only 83% of needed work (Feb 2016 Workload Allocation Model).

“Caseworkers do their best, but there is just too much to do. They are very overworked.”

– CASA Focus Group participant

IMPLICATIONS FOR CHILD AND YOUTH SAFETY IN CARE

¹¹ Give Us This Day (GUTD) is a former Portland CCA provider recently shut down due to abuse of youth in care and financial scandal. See: http://www.oregonlive.com/politics/index.ssf/2016/01/foster_care_scandal_deepens.html

Inadequate staffing and high workloads for agency staff negatively impact timeliness in case resolution, regular face-to-face¹² time with children and youth in substitute care, and quality safety monitoring.

Focus groups and surveys universally indicated that unreasonably high caseloads and inadequate staffing across agencies in the System are the reasons key safety information falls through the cracks.

According to recent reports, high caseloads for Oregon DHS often prevent child welfare workers from spending face-to-face time with families (CFSR Annual Progress Report, 2014, p. 102). However, there is no way to ensure safety of children in substitute care without seeing them in those placements. Particularly because Oregon's children and youth experience abuse in care at higher than national rates, face-to-face contact with their caseworkers is even more critical.

A 2002 report showed that CPS staff workloads are a critical factor affecting the quality, accuracy, and timeliness of child safety decisions (PK Review, 2002, p. vii). According to review participants, this is still true today.

SUPPORTING EVIDENCE

In the last five years, 23 lawsuits have been brought against DHS that revealed numerous violations of policies and procedure. Our review of those cases revealed: failure to adequately investigate repeated reports of abuse, failure to make contact with children to assess safety and wellbeing, failure to document and investigate observed injuries, failure to inform foster parents of foster children's behavior and health history, and failure to maintain coordination between caseworkers. All of these breakdowns could be partially attributed to high workloads and understaffing.

As reported elsewhere in this report, the proportion of children and youth in the System with high needs has increased, resulting in a workload increase across the System.

Foster parents and youth reported in focus groups and surveys that high turnover among caseworkers and infrequent face-to-face contact makes it difficult for children and youth to build trust with the caseworker. Children and youth who don't trust their caseworker may be less likely to report safety issues.

**"I have never had a caseworker answer the phone when I call."
—Focus Group Participant**

¹² As of December 2015 87% of required face-to-face contacts with children occurred (CFSR Statewide Assessment Instrument, 2016, p. 42).

Focus group and survey participants across the board expressed the perception that caseloads are high, preventing caseworkers from spending the required face-to-face time with children and youth in substitute care. According to the Safety Intervention System Review, Oregon's workload situation far exceeds the outdated national standard (Oregon Safety Model, 2013, p. 1).

3.3. Recruitment and Retention of Providers

COORDINATED AND ENHANCED RECRUITMENT AND RETENTION ACTIVITIES FOR ALL SUBSTITUTE CARE PROVIDER TYPES COULD REDUCE PRESSURE TO PLACE CHILDREN AND YOUTH INAPPROPRIATELY.

Participants in the review, from key informant interviewees, to survey and focus group participants, and to advisory committee members agree that the state is not doing enough to recruit and retain substitute care providers.

IMPLICATIONS FOR CHILD AND YOUTH SAFETY IN CARE

DHS does not have a comprehensive statewide recruitment, retention, and support plan for substitute care providers, which results in inconsistent and inadequate efforts to sustain and grow placement options of all types.

In the short term, this results in children and youth being shuffled between homes, hotels, and in some cases even sleeping at local DHS offices. See Finding I.

In the long term, this situation increases the likelihood of an inappropriate placement, low quality care, exceptions to certify less-qualified foster homes, or abuse and neglect.

SUPPORTING EVIDENCE

Multiple focus group participants agree that lack of placements of all types is a serious problem across the state, in both rural and urban areas alike.

Foster parent focus group participants reported multiple factors contributing to foster parents leaving the system, including: caring for more children than they were certified to care for, insufficient training, little support from DHS, and lack of respite care when needed. In surveys, foster parents added: lack of subsidized daycare (especially for relative providers), low provider payment rates, and the scheduling demands placed on foster parents who need to work to meet certification standards.

“The State does not have a statewide process in place to ensure the diligent recruitment of foster homes, despite significant shortages of all types of foster homes.”
- CFSR Executive Summary, 2008, p. 16

DHS-certified foster parent focus group participants reported that that they were not “recruited” by DHS, but rather had reached out directly to DHS, or were recruited through friends. Others were recruited by Embrace Oregon, a faith-based partner of the foster care system.

Some localized efforts and campaigns are underway to recruit foster families, but no statewide strategy exists, nor is there a separate budget or resources dedicated to this work.

Almost a third of DHS staff surveyed indicated that *there is no entity* in charge of recruitment and retention of foster homes. DHS certifiers in a focus group reported that “everyone is in charge of recruitment and retention,” which effectively means no one is responsible.

The perceptions and the climate surrounding the reasons for and implementation of SB 1515 have resulted in increased tensions between DHS licensing staff and CCA staff. Focus group participants report that the statute’s expectations, particularly around the financial oversight, have changed the relationship from collaborative to authoritative. According to review participants, this has implications for recruitment and retention of licensed CCA providers.

It is not clear from looking at the data from DHS whether the supply of foster homes is decreasing or staying steady. According to the recent CFSR Self Assessment, there was a decrease of 20% of general foster homes between 2013 and 2015 (CFSR Statewide Assessment Tool, 2016, p. 118). Yet, the data we reviewed from the DHS system does not corroborate this. According to the data from DHS it appears foster home numbers are staying stable from year to year, but there is significant “churn” within Oregon’s pool of foster homes: the data shows that Oregon is closing approximately 1,500 foster homes each year, and opening close to 2,000 (PK Data Request from DHS, 2016).

3.4. Minority Groups and Disproportionality in the System

This section provides ancillary observations the independent review team made about the System’s sensitivity to cultural and sexual minority groups within the population of children and youth in care. These are not findings because the review team was unable to draw conclusions about these areas from the data we collected. See Section 5.3 Constraints. These may be areas the state should consider exploring further during the process of addressing gaps in the System.

3.4.1. Cultural competency issues within the System may have implications for safety in care.

Few participants in focus groups or surveys identified issues of equity or cultural competency to be significantly connected to safety in care. See Section 5.3 Constraints. However, youth, providers, and other advocates who have experienced this disconnect firsthand spoke about cultural competency and culturally sensitive placements for children and youth as factors affecting safety in care.

CULTURALLY COMPETENT PLACEMENTS

Cultural competency language is woven throughout the DHS child welfare policies and procedures, but policy alone cannot address implicit biases that some staff and caregivers carry with them.

Focus group participants stated that DHS does not consider race, culture, or sexual orientation or identity in placement decisions. After analyzing data from focus groups, surveys, documentation, and data systems, it appears this is true.¹³ Several factors may contribute to this:

- Dearth of placement options across the board
- Gaps in data collection, training, and communications that impact the way race and culture inform policy and decision making within the System

DHS staff on the Internal Resource Committee reported that there is work being done to address implicit bias across the system. According to DHS staff, the agency offers some optional training including Undoing Racism and Lets Talk About Race. See Section 3 Recommendations for more on this type of training.

DISPROPORTIONALITY

This review did not include in-depth analysis of the impact of disproportionality on child safety in substitute care. However, data shows that there is disparity in the system, in terms of the proportion of children of color. Approximately 20% of children and youth in foster care are of color, while children of color make up only 11% of Oregon's overall child population (Governor's Task Force on Disproportionality in Child Welfare Final Report, 2011, p. 5).

¹³ The notable exception to this is children placed under the Indian Child Welfare Act, or ICWA, which requires placement decisions to consider federal recognition status of tribal membership.

The 2011 Governor’s Task Force on Disproportionality Report provides detailed information about the disproportionality issues Oregon is currently facing. We suggest DHS use the results of the Task Force on Disproportionality Report in its work to address system gaps in the areas of safe and appropriate placements and safe and swift response to abuse in care. While most of the recommendations in the report focus on broad, institutional changes, the report also recommends specific steps to address workforce issues, such as prioritizing recruiting and retaining a diverse workforce and requiring ongoing training for child welfare workers, supervisors, and leaders focused on “implicit bias and structural racism, family engagement and inclusion, and team decision making” (Governor’s Task Force on Disproportionality in Child Welfare, p. 22). Specifically, the review team suggests Oregon focus on the following recommendations to address safety in substitute care and the findings detailed in this report:

- **DHS Workforce Development.** Establish working relationships and partnerships, hiring and retention practices, and culturally responsive training.
- **Policy and Practice.** Develop an objective risk assessment tool, enhance existing foster and relative placement support, and expand the racially and culturally diverse pool of relative and non-relative foster home resources.
- **Data-Driven Decision Making.** Set targets, improve system effectiveness, and develop research-informed decision-making process (Governor’s Task Force on Disproportionality in Child Welfare, p. 32).

3.4.2. Awareness of and services for LGBTQ children and youth in substitute care appear to be minimal.

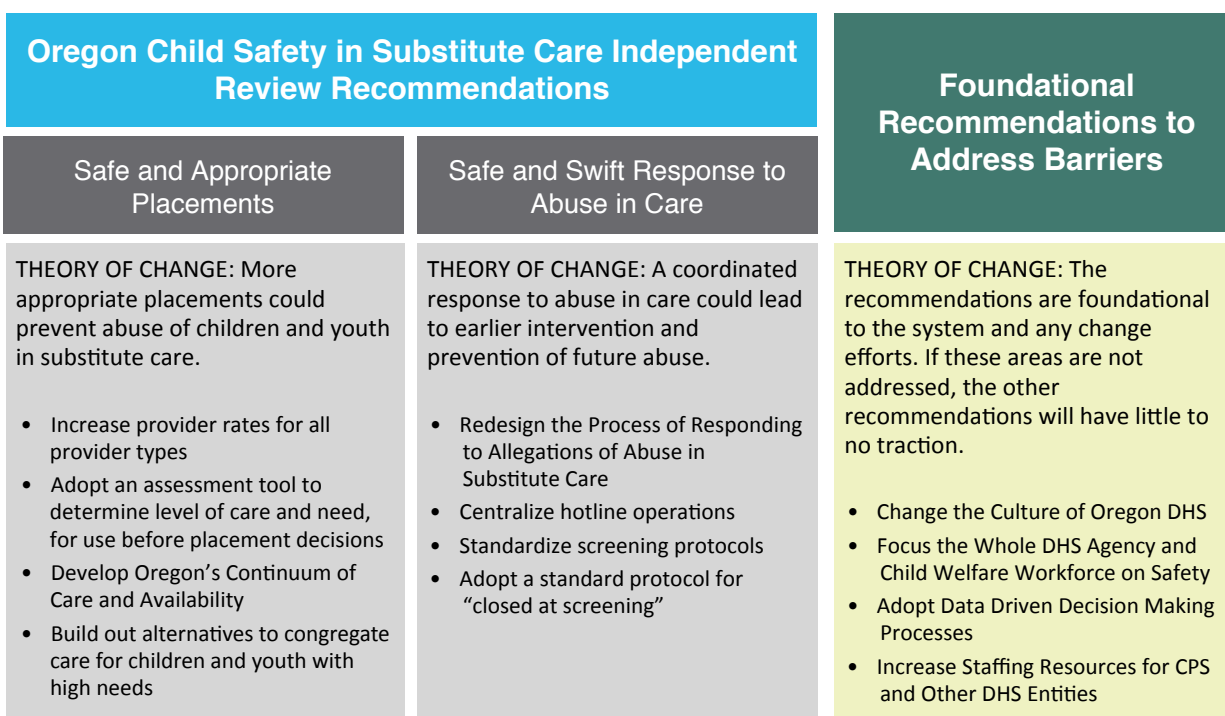
Focus group participants, including youth, foster parents, and CASAs noted that placing lesbian, gay, bisexual, transgender or queer (LGBTQ) children and youth with substitute caregivers who understand and support them enhances their safety and overall experience in care. They cited instances of LGBTQ youth in a non-supportive environment being threatened by foster parents and other youth in the home, and experiencing isolation and depression resulting in self-harm and behavioral problems. In addition, these focus group participants discussed a lack of LGBTQ-related training for foster parents and DHS staff, making it difficult for these children and youth to connect to necessary services. One foster parent stated: “sexual minorities are invisible to DHS.”

We learned from a focus group with CCA foster parents, that some agencies actively recruit for foster parents in the LGBTQ community. This could be considered as part of an overall recruitment strategy.

4. Recommendations

The following recommendations are provided to system stakeholders, including Oregon's Office of the Governor, Oregon DHS, and the Oregon Legislature. The recommendations are possible solutions to transform Oregon's substitute care system by leveraging strengths and addressing gaps. Estimated cost level is included, as DHS will need funding and resources to implement most, if not all, of the recommendations in this report. Figure 22 is a map showing the recommendations. The theory of change is the independent review team's estimation of the outputs of implemented recommendations and the long term desired outcomes.

Figure 22: System Change Logic Model



4.1. Implementation Resources

THE STATE NEEDS TO FUND RESOURCES REQUIRED TO FIX THE PROBLEMS WITH OREGON'S CHILD SUBSTITUTE CARE SYSTEM.

DHS will need funding and resources to implement most, if not all, of the recommendations in this report and others. There is momentum in the state to fix the problems with the System, but change will not happen without people dedicated to implementing solutions. Implementation of the recommendations in this report and other initiatives will be time and labor intensive, and DHS staff do not have the capacity to add this work to their regular jobs. Implementation resources will be needed to accomplish the following:

- **Resource planning.** DHS, together with the Governor and the Legislature, should prioritize the recommendations in this report and others, and develop a resource plan to staff the efforts.
- **Alternatives analysis.** The review team provided examples in this section of tools and best practices we have seen work well in other states or that are recommended by national organizations, but Oregon will need to engage in alternatives analysis upfront to determine what will work best in the context of this state.
- **Management of the change efforts.** DHS will need an implementation management team, to operationalize many of the recommendations. An implementation manager or team will need to develop an implementation plan, manage the implementation of the plan, and measure success.
- **Engagement of experts.** The state will need access to outside expertise and resources to implement some of the recommendations in this section as well as other initiatives. This could range from working with the Capacity Building Center for States to access free technical assistance and capacity building, Chapin Hall to improve the use of child welfare data, engaging policy experts to redesign the process of responding to allegations of abuse in care, and working with implementation experts to ensure the efforts gain traction and create lasting change.

4.2. Safe and Appropriate Placements

Over the course of this review, the topic of quality providers and availability of providers of all types came up over and over again. Although our team did not review quantitative data that verifies a shortage of substitute care providers, review participants reported this perspective almost universally. Key to Oregon's success in reducing the number of children in substitute care who experience abuse is changing the payment model for providers, appropriately matching children and youth to the right level of care, developing a more robust continuum of care, and building out alternatives to residential care for children and youth with high needs.

4.2.1. Priority Recommendations

Recommendation	Considerations, Activities, Resources, and Estimated Cost Level
Increase Provider Rates for All Provider Types	The state should review provider rates and make sure they are commensurate with the services providers are being asked to provide. Multiple stakeholders pointed to provider payment rates and methodology being a significant barrier to attracting and keeping qualified providers. Oregon should look at directing more funds towards this at every level of care. For comparison purposes, a 2012 survey outlined foster care payments across the country in terms of rates, modifiers, and models (State Child Welfare Policy Database, 2016). This may help provide support and direction for increasing rates in Oregon. In this

Recommendation	Considerations, Activities, Resources, and Estimated Cost Level
	<p>report, Casey Family Programs found, “The basic foster care rates in the majority of states fall below our estimate of the costs of caring for a child” (DeVooght & Blazey, 2012, p.2).</p> <p>In order to appropriately match children and youth to substitute care providers, Oregon should also consider changing the foster care level modifiers for payment from purely child or youth needs driven to provider skill driven as well. For instance, a child or youth who needs level 3 foster care should be placed with a level 3 provider who has specialized training and skills to handle those needs. This would also necessitate completing a level of care assessment before placement decision as often as possible (see next recommendation), while also not relying on a pre-placement that would cause more placements overall.</p> <hr/> <p>Initial Resources:</p> <p>Rate Fact Sheets: http://www.childwelfarepolicy.org/maps/reimbursement_fact_sheets</p> <p>Payment Rate Report: http://www.childtrends.org/wp-content/uploads/2013/04/Foster-Care-Payment-Rate-Report.pdf</p> <hr/> <p>Estimated Cost Level:¹⁴</p> <p><input checked="" type="checkbox"/> Cost intensive <input type="checkbox"/> Low cost <input type="checkbox"/> Cost neutral</p>
<p>Adopt an Assessment Tool to Determine Level of Care and Need, for Use Before Placement Decisions</p>	<p>Adopt and implement a front-end assessment tool to support decision making for appropriate placement. Such a tool will support caseworkers and teams to determine the intensity, duration, and restrictiveness of services before a placement is made, reducing the risk of harm in care due to inappropriate placements. There are a variety of tools that can be used (as well as states that have developed their own). The review team recommends Oregon adopt the use of CASII/ECSII for level of care determinations. These tools assist most in the initial determination of need, but also assist states to balance between individual clinical need and resources available across the state. The tool has six levels that correspond to medical need and level of care, from basic needs to 24-hour secure medically managed services.</p> <p>Note: “Levels of care (LOC) should be determined by the child’s needs and strengths and be connected to level of funding. LOC should not determine type of placement. For example, recent research on in-home services and treatment foster care indicate that children with severe needs can be appropriately treated with effective supportive services” (Stratton, 2005). For example, a child or youth with a high level from a CASII assessment can still be maintained in a specialized foster home or relative care with the right in-home services and supports in place.</p> <hr/> <p>Initial Resources:</p> <p>Levels of Care: https://www.openminds.com/wp-content/uploads/indres/010105levelsofcare.pdf</p> <p>Payment Rate Report: http://www.childtrends.org/wp-content/uploads/2013/04/Foster-Care-Payment-Rate-Report.pdf</p> <p>CASII: https://www.aacap.org/App_Themes/AACAP/docs/member_resources/practice_information/casii/CASII_infor_and_data.pdf</p> <hr/> <p>Estimated Cost Level:</p>

¹⁴ The estimated level of cost is a rough estimate based on the review team’s experience with or observations on similar undertakings in other states.

Recommendation	Considerations, Activities, Resources, and Estimated Cost Level
	<input checked="" type="checkbox"/> Cost intensive <input type="checkbox"/> Low cost <input type="checkbox"/> Cost neutral
Develop Oregon's Continuum of Care and Availability	<p>Planfully consider the levels of care needed and provided in the state. The continuum of care begins with in-home services so children and youth can stay safely at home, to relative foster care, to non-relative foster homes, to crisis care, to specialized or professional foster care, to therapeutic foster care, residential, and psychiatric residential treatment facilities. This should be done with a focus on continuing to keep congregate care numbers low, and reducing the state's out of state placements that have recently increased (see Figure 11). Oregon must ensure adequate availability at all levels of care, which is possible only if there is data about the level of care needs of the population and the level of care skills and abilities of the providers (using an assessment discussed above). "Simply reducing the use of congregate care without developing alternatives runs the risk that many of these youth will be thrust into environments where their caretakers may not have the skills, capacity, or training to meet their needs" (California Child Advocates for Change, 2016, p.5). See more information on efforts like this in Connecticut, Colorado, Tennessee, and Nevada.</p> <p>Finally, the current placement services available for children and youth involved in Oregon's substitute care system are confusing. Finding a way to simplify this continuum of care and focus on quality and quantity is critical. At this time, depending on which service the child or youth needs, different agencies, processes, and oversight are brought to bear. Some of this is necessary, but some seems to have been created by rule and unnecessary bureaucracy around the services.</p> <hr/> <p>Initial Resources:</p> <p>Continuum of Care: https://www.childrennow.org/files/6514/6896/7658/Foster_Care_Policy_Brief_-_Developing_a_Robust_Continuum_of_Care.pdf</p> <p>Continuum of Care State Examples: https://www.childwelfare.gov/topics/outofhome/foster-care/achieving-continuum/#sl_examples</p> <p>Reducing Congregate Care: http://www.childrensrights.org/wp-content/uploads/2011/07/2011-07-25_what_works_reducing_reliance_on_congregate_care_in_tn_final-report.pdf</p> <hr/> <p>Estimated Cost Level:</p> <p><input checked="" type="checkbox"/> Cost intensive <input type="checkbox"/> Low cost <input type="checkbox"/> Cost neutral</p>
Build Out Alternatives to Congregate Care for Children and Youth with High Needs	<p>Oregon has a relatively small population of children and youth in residential or congregate care (U.S. Department of Health and Human Services, 2015, p.14). While this is a strength of the System, it has also caused some harm, as many children and youth with high needs are being placed in lower levels of care that are not able to adequately or safely care for them. Oregon needs to build out a model of non-congregate care to serve these children and youth with high needs. There are many models across the country including some of the most successful: Therapeutic Foster Care (TFC) (including an international organization specializing in developing TFC that is based out of Oregon), Intensive Wraparound¹⁵, and Care Management Entities. Oregon needs to choose which one(s) to establish within the state. This is for likely a very small part of the substitute care population, but they are among the neediest and most expensive to serve. Although expensive to build out and implement, these services will save money in the long term as</p>

¹⁵ This was piloted in Oregon and some sites still use it, but it is not used statewide.

<https://www.oregon.gov/oha/amh/data/scwi2013biennial-leg-report.pdf>, page 4 - This Statewide Children's Wraparound Initiative report fulfills the requirement in ORS 418.985 (4). Statewide Children's Wraparound Initiative Biennial Legislative Report May 17, 2013, <https://www.pdx.edu/ccf/sites/www.pdx.edu.ccf/files/Best%20Practice%20Guide%20Version%201.0.pdf>

Recommendation	Considerations, Activities, Resources, and Estimated Cost Level
	<p>they are less expensive to operate, produce better child outcomes than congregate care, and will result in less harm in care because children and youth will be in the appropriate placements.</p> <hr/> <p>Initial Resources:</p> <p>Treatment Foster Care: http://www.imis100us2.com/ffta/FFTA/Learn/What_Is_Treatment_Foster_Care_/New_FF_TA_Content/Learn/What_Is_Treatment_Foster_Care.aspx?hkey=b72589aa-0fa2-45ca-8586-b25939566e3b</p> <p>TFC Consultants: http://www.tfcOregon.com/</p> <p>Statewide Wraparound Initiative: https://www.oregon.gov/oha/amh/data/scwi2013biennial-leg-report.pdf</p> <p>Best Practices in Wraparound: https://www.pdx.edu/ccf/sites/www.pdx.edu/ccf/files/Best%20Practice%20Guide%20Version%201.0.pdf</p> <p>Care Management Entities: http://www.chcs.org/resource/care-management-entities-a-primer/</p> <hr/> <p>Estimated Cost Level:</p> <p><input checked="" type="checkbox"/> Cost intensive <input type="checkbox"/> Low cost <input type="checkbox"/> Cost neutral</p>

4.2.2. Other Recommendations to Consider

Outside of the four priority areas discussed in the above section, Oregon may choose to consider other best practices and recommendations once the priority recommendations are addressed. These include:

- **Add more accountability into the foster home certification exceptions process.** Both benefits and risks related to the exceptions process were reported during the review. The exceptions process should be used to ensure relative care when appropriate, but safety requirements for non-relative care should not be subject to the exceptions process often, if at all. The review team recommends that DHS add in another level of accountability to the exception process and related rules and policies. For example, the OAR governing certifications does not require documentation for all safety-related exceptions (OAR 413-200-0274). Documentation should be completed for any exception related to a safety requirement. DHS should tighten the requirements and process to ensure District Managers are approving waivers for all safety exceptions, while still balancing the need for flexibility in the exceptions process to support relative placements. We recommend that this function remain a decentralized activity, as local staff will still see first hand the homes they are considering for certification. However, Oregon should adopt a centralized quality assurance

function (such as regular audits completed by the central office) to ensure the appropriate decisions are being made at the local level.

Initial Resources: N/A, PK recommendation

- **Continue relative placements and use Family Finding.** While relative placement in Oregon is considered a strength of the System, there is still room to grow this placement type. Focused efforts on finding relative placement resources early in the case and getting them approved to care for children and youth should continue and increase. This will involve streamlining the process to remove unnecessary barriers to certification of relative care providers, but without compromising safety standards. We were unable to determine whether Oregon consistently works with Family Finding¹⁶ or other similar research services to search for relative placement resources. If these services are used sporadically or only in some areas of the state, DHS should consider adopting this as standard practice.

Initial Resources:

Family Finding and Engagement: <http://www.childrensdefense.org/library/data/promising-approaches.pdf>

Relatives and Kin:

<https://www.childwelfare.gov/topics/outofhome/kinship/locating/searching/>

Family Finding Search Tools: <http://www.familyfinding.org>

- **Train and infuse trauma informed care into the System.** Review participants from across the System indicated a need and desire to infuse trauma informed care. "Providers and systems have the ability to help or potentially re-traumatize. A trauma-informed system aligns interactions among youth-serving agencies, such as the child protection systems, lawyers, juvenile judges, law enforcement, schools, and mental health providers so that they better understand how youth, families, and adults respond to trauma" (IWGY, 2013, p.4). It is essential that the System caring for children and youth in substitute care have extensive knowledge and training in trauma and trauma informed care. Understanding and skills in this area will help to de-escalate tensions in the homes and placements and keep more children and youth safe.

¹⁶ "The Family Finding model, developed by Kevin A. Campbell, offers methods and strategies to locate and engage relatives of children currently living in out-of-home care. The goal of Family Finding is to connect each child with a family, so that every child may benefit from the lifelong connections that only a family provides."

Initial Resources:

Trauma-Informed Systems: <http://www.nctsn.org/resources/topics/creating-trauma-informed-systems>

Creating Trauma-Informed Systems: <http://www.extension.umn.edu/family/cyfc/our-programs/ereview/docs/cmhereviewMar11.pdf>

Trauma-Informed Practice: <http://calswec.berkeley.edu/toolkits/child-welfare-mental-health-learning-collaborative-katie/trauma-informed-practice-tools>

Child Trauma Academy: <http://childtrauma.org/>

- **Ensure providers have access to respite.** Respite care is a key factor in supporting and retaining foster parents, and ensuring that caregivers are able to safely care for the children and youth in their homes. Policies that allow foster parents to use their natural supports, such as neighbors, family members, and family friends, as baby-sitters and respite providers can be particularly helpful. There are many model respite care programs from Mockingbird Family Model (WA), or Circle of Support (VA), to public and private networks pooling funds and providing vouchers. It is critical that Oregon establish something to support these families when a break is needed to de-escalate.

Initial Resources:

Mockingbird Family Model: <http://mockingbirdsociety.org/index.php/what-we-do/mockingbird-family-model>,
http://calswec.berkeley.edu/sites/default/files/uploads/effective_practices_in_foster_parent_recruitment_and_retention.pdf, page 13

Circle of Support: http://www.nrcdr.org/_assets/files/NRCRRFAP/resources/taking-a-break-respite-guide.pdf, page 17

- **Implement exit interviews with providers leaving the system.** A relatively low cost way for DHS to get quick feedback on what works and what does not work for providers is to implement exit interviews or exit surveys to find out why a provider is ending their service.

Initial Resource:

Example survey: <https://www.surveymonkey.com/r/fosterparentexitinterview>

- **Focus on keeping more children and youth at home with supports in place.** Although not the focus of this report, there is no doubt that preventative work with families to keep children and youth safely at home and out of substitute care will ease the demand in the System. As a few review participants put it, “there is no reason these children and youth shouldn’t be at home if we can’t keep them safe.” A focus on court and state intervention while the child or youth is still at home (in appropriate cases) with supports and services in place will help.

Initial Resources: N/A, PK recommendation

4.3. Safe and Swift Response to Abuse in Care

The ability to swiftly respond to the correct abuse in care allegations and keep children and youth safe will center around stakeholders’ ability to see this set of steps from the perspective of a child or youth. The entire process has to become more standardized and less complicated in order to keep critical safety information from “falling through the cracks.” This includes redesigning the process of responding to allegations of abuse in care, hotline operations, screening protocols, and closed at screening decisions.

4.3.1. Priority Recommendations

Recommendation	Considerations, Activities, Resources, and Estimated Cost Level
Redesign the Process of Responding to Allegations of Abuse in Substitute Care	<p>A number of DHS entities, people, statutes, rules, policies, and business processes are involved in responding to abuse of children or youth in substitute care. The abuse in care definitions, associated investigation procedures, and rules for critical incident reporting, create a confusing and uncoordinated response system. The independent review team could not find a provider or DHS employee who could explain all of the details of these processes for all provider types, which means that when a child or youth is abused in care, no single individual has a handle on what should be done, by whom, and by when. It appears that this convoluted system has led to safety information “falling through the cracks,” allowing abuse in care to continue in some cases. Fixing individual elements of this process, such as instituting one definition of abuse for all substitute care settings or improving training for investigators, will not fix the convoluted nature of the current system.</p> <p>We recommend that Oregon redesign the process, beginning with the perspective of the child or youth in care. We believe this is more than a business process redesign project. It will require an effort to rebuild the process from start to finish, including associated rules, policies, and statutes. In order to accomplish this, the current processes should be documented, focusing on understanding the current requirements, their origins, and the reasons behind the requirements so DHS knows what needs to be kept and what should be updated or replaced. Because no one person understands the system from beginning to end, skipping this step could mean something important is missed. That said, the focus should be on redesigning this process from start to finish and it should look completely different than it does today, as the current process is not working and is not child or youth driven.</p> <p>Elements for this effort should include:</p>

Recommendation	Considerations, Activities, Resources, and Estimated Cost Level
	<ul style="list-style-type: none"> Document as-is processes, focusing on the current policies, rules, and statutes. Use the PK Regulatory System Maps as a high level starting place for this effort. Develop to-be processes. Identify and develop policies and procedures that support a future state driven by the child or youth experience. Engage the appropriate legislative entities to assist with clarifying existing or developing new statutory language. Determine changes to staffing, organizational structures, training, cost models, and data collection and reporting needed to support the new processes. Engage external technical assistance to advise and facilitate this effort. Assign appropriate DHS staff to support the effort. We recommend including a balance of DHS staff who have worked in the current system and also individuals who will think disruptively and promote change. Ensure representatives from all provider communities are consulted (CCA, DHS certified foster homes, CCA certified foster homes, residential programs, PRTFs, etc.). Treat this as a project with established goals, timelines, and assignments. <p>Initial Resources: PK Deliverable 2.2 Authority Inventory and Regulatory System Maps. The authority inventory captures many of the current statutes and rules related to the child substitute care system. The two system maps summarize the process from a regulatory standpoint for responding to allegations of abuse in DHS certified foster homes and CCA substitute care settings.</p> <p>Estimated Cost Level:</p> <p><input checked="" type="checkbox"/> Cost intensive <input type="checkbox"/> Low cost <input type="checkbox"/> Cost neutral</p>
Centralize Hotline Operations	<p>The review team recommends centralizing the hotline operations and standardizing training and response criteria to add consistency to screening and decision-making, standardization of processes, ease, better oversight, and clarity on responsibilities so less falls through the cracks. There are certainly pros and cons to decentralized and centralized hotline models, but the review team believes that for Oregon, there are more benefits to centralization than consequences.</p> <p>Benefits to a centralized hotline include: more cases identified and more victims confirmed, a higher percentage of referrals that are screened-in (compared to decentralized models), a lower percentage of referrals screened-out (compared to decentralized), brings consistency to the way abuse and neglect calls are managed, improves the intake specialist's ability to gather information from caller, expedites the process of preparing reports and dissemination to local office for assessment, and allows local offices to spend more time working with children and families because they are no longer responsible for handling intake functions.</p> <p>The review team identified model state policies and resources to help with this change, listed in the Initial Resource row below. The state should conduct an alternatives analysis to select the model most appropriate for Oregon's specific needs.</p> <p>Initial Resources:</p> <p>State policies that can be referenced as models: Florida, Colorado, Indiana, Michigan,</p>

Recommendation	Considerations, Activities, Resources, and Estimated Cost Level
	<p>Utah, Idaho, and more.</p> <p>Answering the Call: How States Process Reports of Child Abuse and Neglect</p> <hr/> <p>Estimated Cost Level:</p> <p><input type="checkbox"/> Cost intensive <input checked="" type="checkbox"/> Low cost <input type="checkbox"/> Cost neutral</p>
<p>Standardize Screening Protocols</p>	<p>The best practices in screening protocols include: When an abuse report is received on a child in substitute care, "the intake process must distinguish between reports that: do not indicate maltreatment or concerns about standards of care, and require no further services; do not indicate maltreatment or concerns about standards of care, but do identify the need for further services; do not indicate maltreatment but do raise concerns about standards of care and possible licensing violations; and warrant a formal CPS investigation" (Child Welfare League of America, 2003, p.29 and p. 53). There is not currently a consistent statewide protocol or approach to screening an allegation of abuse in care. Oregon needs to adopt one.</p> <p>At the outset, all reports should be presumed to be credible: "The fact that a child or other reporter has made an erroneous report in the past should not hinder a full and cautious screening of subsequent reports" (Children's Bureau, 2013, p.30).</p> <p>Standardizing screening protocols will be easier if the hotline is centralized. Some potential tools from other states that Oregon could use as examples include:</p> <ul style="list-style-type: none"> • North Carolina: Safety Assessment • Texas: Risk Assessment Tool • Washington: Structured Decision Making-Intake Decision Tree Guide • Utah: SDM Safety Assessment Tool <p>The most recent National AFCARS data shows that children and youth in substitute care in all four of these states experience less maltreatment in care than the national average, and half or less than the percentage of children and youth experiencing maltreatment in care in Oregon (National AFCARS Data, 2013 and 2012).</p> <hr/> <p>Initial Resources:</p> <p>CWLA Best Practice Guidelines: http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/policy-issues/maltreatment-guidelines.pdf</p> <p>Screening Reports: https://www.childwelfare.gov/pubPDFs/repproc.pdf</p> <p>Screening Tools: All of the state tools referenced above can be found at the National Resource Center for Child Protective Services website: www.nrcpps.org; Go to the Decision Making Tools Library & click on the states listed above to find the actual tool & (usually) a policy description for it.</p> <hr/> <p>Estimated Cost Level:</p> <p><input type="checkbox"/> Cost intensive <input type="checkbox"/> Low cost <input checked="" type="checkbox"/> Cost neutral</p>
<p>Adopt a Standard Protocol for "Closed at Screening"</p>	<p>A critical aspect of standardizing screening protocols (see above) is establishing standard criteria for determining what circumstances must be met in order for an allegation to be "closed at screening." An evidence based standard risk assessment framework such as Structured Decision Making would support more consistent decisions and make the process less subjective.</p> <hr/> <p>Initial Resources:</p>

Recommendation	Considerations, Activities, Resources, and Estimated Cost Level
	<p>Structured Decision Making: http://www.nccdglobal.org/assessment/sdm-structured-decision-making-systems/child-welfare</p> <p>Safety Organized Practice: www.cssp.org</p> <hr/> <p>Estimated Cost Level:</p> <p><input type="checkbox"/> Cost intensive <input type="checkbox"/> Low cost <input checked="" type="checkbox"/> Cost neutral</p>

4.3.2. Other Recommendations to Consider

Outside of the four priority areas discussed in the above section, Oregon may choose to consider other best practices and recommendations once the priority recommendations are addressed. These include:

- **Ensure DHS has unlimited access to legal consultation representation for workers, investigators, and certifiers when making decisions regarding youth safety.** This was a recommendation from the recent Task Force on Dependency Representation. “The Oregon State Legislature should allocate funding to the Department of Human Services (DHS) to leverage federal grant and reimbursement programs to enter into a block grant (or “flat fee”) agreement with the Department of Justice (DOJ) for comprehensive agency representation in dependency cases. Additionally, the Oregon State Legislature should grant position authority to DOJ for the additional attorneys and staff required to implement this model” (Oregon Task Force on Legal Representation, 2016, p.5).

Initial Resource:

Oregon Task Force on Legal Representation:
<https://www.oregon.gov/gov/policy/Pages/LRCD.aspx>

- **Ensure follow up after a report of abuse in care occurs timely and to the right individuals.** Current policy does not require DHS to notify youth or others if the report of abuse was closed at screening. If the report was not closed at screening, according to statute, DHS should be notifying attorneys, biological parents, CASAs, caseworkers and supervisors, and the Citizen Review Boards (ORS 419B.035). CWLA recommends notifying the following entities and individuals: caseworkers, foster parents, certifiers, birth/adoptive parents, child and other children in the home, law enforcement (when necessary), tribal social service workers, and the mandatory reporter (who made the initial call) of the screening decision and investigation outcome in accordance with state statutes. Current

policy does not require notification to the child or other children in the home, which is recommended in order to increase awareness of and respect for the child or youth experience in substitute care. The DHS policy should be updated to include at least the child or youth, and ensure the policy is followed.

Initial Resource:

CWLA Best Practice Guidelines:

<http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/policy-issues/maltreatment-guidelines.pdf>

- **Adopt clear protocols to ensure the information on investigations is getting to the Citizen Review Boards (CRBs) according to statute.** The review team recommends that DHS provide CPS assessment records to CRB, as required. We further recommend DHS update policy language to specifically note the requirement to inform CRBs of assessments. This simple change would increase the accountability of the investigators and DHS when abuse in care occurs.

Initial Resources:

Oregon Revised Statutes: <http://www.oregonlaws.org/ors/419B.035> at para(d)

DHS Foster Care Certification Rules:

http://www.dhs.state.or.us/policy/childwelfare/manual_1/division_200.pdf,
page 71 para (c) sub para(C) sub para(v))

- **Track and report on critical incident reports and abuse reports by provider type and provider so trends can be identified before a crisis.** Reports should be built to show this data at an individual provider level and an aggregate level. For example, before a worker or team choose a provider (and before a certifier or licenser conducts an unannounced visit or investigates an allegation, or re-certifies a provider), they should consult a report showing data on the number of calls screened in and out, and number of reports founded and unfounded (and the details of those issues). Leadership at the state and branch level should have regular access to a report that shows all providers and numbers of screened out reports, screened in reports, unfounded investigations, and founded investigations by each provider. This practice would promote data driven decision making and tracking trends, rather than inconsistent responses to single incident cases.

Initial Resources: N/A, PK recommendation

4.4. Foundational Recommendations

The following recommendations are out of scope for this review, but foundational to any change efforts to address gaps in Oregon's substitute care system. If these areas are not addressed, the other recommendations in this report will gain little or no traction. The lack of focus to date on the areas described in this section may explain why Oregon has received a number of reports and recommendations and launched various change efforts over the last ten years, but has seen little improvement to the safety of children and youth in the substitute care system.

The review team concludes that organizational culture change within DHS, using data to drive decision making and policy throughout the System, ensuring adequate staffing and reasonable caseloads for DHS staff, and focusing on recruitment and retention of quality providers must be prioritized in order to ensure that the solutions presented above bring about needed transformational change for the substitute care system.

4.4.1. Priority Recommendations

Recommendation	Considerations, Activities, Resources, and Estimated Cost Level
Change the Culture of Oregon DHS Through Strong Leadership, Behavior Modeling, and Organizational Change Management	<p>The culture of Oregon DHS has for some time been focused on reframing problems with the child substitute care system to deflect blame, comply with regulation, and preserve the existing System. DHS needs to refocus all of its people on prioritizing the safety of children and youth who are in the care of the state. Previous reviews, legislation, and internal change projects have all focused on various aspects of the System. It is time for DHS to see the System from the experience of the children and youth in substitute care and act from that perspective.</p> <p>Actions taken in response to this review, future breakdowns in the System, or directives from policymakers need to put the children and youth in care first and implement solutions focusing on their safety. (See next priority recommendation: <i>Focus the Whole DHS Agency and Child Welfare Workforce on Safety as the Highest Priority and Encourage any Staff Member to Speak Up with Concerns.</i>)</p> <p>The change needed at DHS is more complex than project management alone can achieve. None of the other recommendations to mend gaps in the System will successfully transform the experience of children and youth in care if the people who work at DHS do not change. DHS executives need to lead culture change and anchor it in the organization through building strong leadership skills, behavior modeling, and organizational change management.</p> <p>Behavior modeling in the workplace is an element of social learning theory that involves leading by example. People take cues from their managers, supervisors, and executives. The actions and decisions of DHS leaders and managers can have far reaching effects throughout the agency's workforce, and can change the culture of the agency. Behavior modeling can be instituted and enhanced through leadership development activities.</p> <p>Organizational culture change requires people to change their behaviors: "organizations do not change, people do" (Prosci, 2016). In a large, bureaucratic organization like DHS, this requires winning the hearts and minds of the people</p>

Recommendation	Considerations, Activities, Resources, and Estimated Cost Level
	<p>who work for the agency – and also setting up supportive processes and strict accountability measures, and eliminating barriers to change. DHS needs move from a culture of agency protectionism to one of self evaluation and continuous improvement.</p> <p>Adopting evidence-based Organizational Change Management (OCM) processes and structures will help DHS implement the recommendations in this report and make the changes stick. DHS needs to charge its leaders with establishing a sense of urgency for culture change and assign OCM planning and implementation to a single person or group. OCM models we have used successfully in our work with public agencies are listed below.</p> <hr/> <p>Initial Resources:</p> <p>Prosci: https://www.prosci.com/change-management</p> <p>Kotter's 8 Steps: https://www.mindtools.com/pages/article/newPPM_94.htm</p> <p>Lewin's Change Management Model: https://www.mindtools.com/pages/article/newPPM_94.htm</p> <hr/> <p>Estimated Cost Level:</p> <p><input type="checkbox"/> Cost intensive <input checked="" type="checkbox"/> Low cost <input type="checkbox"/> Cost neutral</p>
<p>Focus the Whole DHS Agency and Child Welfare Workforce on Safety as the Highest Priority and Encourage any Staff Member to Speak Up with Concerns</p>	<p>As part of an organizational culture change effort described above, DHS should adopt a "safety culture" as a means to increase safety for children and youth in substitute care. A "safety culture" creates organizational and cultural attributes focused on safety thus improving the psychological safety, stress recognition, and employee support necessary to effectively conduct child welfare work. The state of Tennessee has done extensive work in this area.</p> <p>"Amidst the highly salient and vivid examples of failures of the child welfare system across the country, we find that leader actions to enable a safety culture that signify safety is a leadership priority (i.e., safety climate) and that it is psychologically safe for employees to speak up about challenging situations at work can help employees cope with their extremely difficult and intensely scrutinized work and experience lower levels of emotional exhaustion. However, we also illustrate opportunities for improvement as our data reveal that many aspects of safety culture are underdeveloped (e.g., stress recognition and safety organizing). Thus, we provide provisional evidence supportive of recent calls (Commission to Eliminate Child Abuse and Neglect Fatalities, Cull et al., 2013 and Rzepnicki et al., 2010) to strengthen safety culture within a state's child welfare agencies."</p> <hr/> <p>Initial Resources:</p> <p>Michael Cull, Ph.D. (TN) Improving Child Protection with Safety Science</p> <p>Assessing Safety Culture in Child Welfare: Evidence from Tennessee: http://www.sciencedirect.com/science/article/pii/S0190740916300949</p> <hr/> <p>Estimated Cost Level:</p> <p><input type="checkbox"/> Cost intensive <input type="checkbox"/> Low cost <input checked="" type="checkbox"/> Cost neutral</p>
<p>Adopt Data Driven Decision Making Processes at DHS, Focusing First on</p>	<p>Nationally there are many examples of states using data to improve outcomes for youth and families in child welfare. Oregon collects data on child maltreatment in care, but does not have a culture around using the data to drive decision-making and change. Without an increased focus and reliance upon data, the system will</p>

Recommendation	Considerations, Activities, Resources, and Estimated Cost Level
the Safety in Care Outcomes that Need to Change	<p>always be reactive instead of proactive.</p> <p>Oregon should take advantage of national expertise to assist with this effort, including a relatively low cost program from Chapin Hall, which includes tracking the state's outcome measures and comparing to other member states. According to Chapin Hall, "the Data Center provides child welfare agencies with the precision tools they need to examine the extent to which they achieve their intended outcomes, whether they receive the best return on their investments, and how they might allocate future funds toward a more cost-effective system. Our suite of analytic resources enables agencies to assess performance gaps and the investments required to close them. The result is knowledge that enables states to make informed decisions about future programming and investments, sparking a cycle of continuous quality improvement based on evidence" (Chapin Hall, 2016, https://www.childwelfare.gov/pubPDFs/case). There are currently 21 state members, including Oregon's neighbor, Washington State. Chapin Hall also provides related technical assistance.</p>
	<p>Initial Resources:</p> <p>Chapin Hall: https://www.childwelfare.gov/pubPDFs/case</p>
	<p>Estimated Cost Level:</p> <p><input type="checkbox"/> Cost intensive <input checked="" type="checkbox"/> Low cost <input type="checkbox"/> Cost neutral</p>
Increase Staffing Resources for CPS and Other DHS Entities	<p>CWLA recommends a caseload of 12-15 children per worker for child welfare caseworkers (Sudol, 2009). Oregon does not track caseloads like other states, but the activity-based workload allocation model shows DHS workers as being able to complete only 83% of the needed work. Until the CPS workers, OLRO licensers, CPS hotline screeners, and OAAPI investigators are adequately staffed, the system will always struggle to keep on top of child and youth safety. One example provided by review participants was that visits to facilities were only required once every six months and even this is not currently being met due to staffing issues. DHS cannot adequately do what they are required to do without the staffing to comply.</p>
	<p>Initial Resources:</p> <p>Using Data to Improve Systems: https://www.childwelfare.gov/topics/management/info-systems/using-data-to-improve-outcomes-for-children-youth-and-families/</p> <p>Center for State Child Welfare Data: https://www.childwelfare.gov/pubPDFs/case</p> <p>CWLA Best Practice Guidelines: http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/policy</p> <p>Caseload and Work Management: https://www.childwelfare.gov/pubPDFs/case_work_management.pdf</p>
	<p>Estimated Cost Level:</p> <p><input checked="" type="checkbox"/> Cost intensive <input type="checkbox"/> Low cost <input type="checkbox"/> Cost neutral</p>

4.4.2. Other Foundational Recommendations to Consider

Outside of the four priority areas discussed in the above section, Oregon may choose to consider other best practices and recommendations that will further stabilize DHS and the child substitute care system. These include:

- **DHS needs to enable a workforce culture shift and decrease staff turnover.** DHS should review best practices for improving worker recruitment and retention and adopt a strategy to increase retention by addressing some of the common barriers and issues causing workers to leave their positions. Strategies may include: increasing the quality and capacity of supervisors to train, mentor, assist, and transition caseworkers; increasing salary, opportunities for professional development, flexible schedules, supporting workers through traumatic experiences, and others. Commonly cited reasons for turnover in human services organizations – such as salaries, high caseloads, unpredictable hours, insufficient services to serve children and youth, lack of support from the Department, quality and quantity of training, negative media attention – are all occurring in Oregon right now according to review participants, so to not focus on workforce issues will ensure failure of the efforts for change (GAO, date unknown, p.3).

Initial Resources:

The NCWWI Workforce Development Framework: <http://ncwwi.org>;
http://ncwwi.org/files/Retention/1-page_summary_McFadden_et_al._2015.pdf

- **DHS should focus on recruitment and retention of quality providers.** Oregon needs to develop a statewide recruiting strategy, and assign a budget and resources to implement the strategy. There is little effort on this currently, except in rare pockets of the state, which is contributing to the scarcity of providers described in Finding I. Assessment participants recommended recruitment with both faith based and non-faith based organizations, and focusing recruitment efforts in the LGBTQ community and communities of color.

Initial Resources:

Recruitment and Retention:
http://calswec.berkeley.edu/sites/default/files/uploads/effective_practices_in_foster_parent_recruitment_and_retention.pdf

- **DHS should help build support for providers at DHS, including peer support models.**

Oregon should review models of provider support programs to implement such as: Mockingbird Model, Kinship Support Services Program, Foster Parent Mentor Program, or Fostering Hope Program.

Initial Resources:

Foster Parent Support Resources:

http://calswec.berkeley.edu/sites/default/files/uploads/effective_practices_in_foster_parent_recruitment_and_retention.pdf, http://ncwwi.org/files/Evidence_Based_and_Trauma-Informed_Practice/Best__Evidence-Based_Practices_that_Enhance_Safety.pdf

Support Groups: <http://www.fc2success.org/knowledge-center/groups-and-support/>;
<http://www.nacac.org/adoptalk/parent2parentnetwork.pdf>

Mockingbird Model: <http://mockingbirdsociety.org/index.php/what-we-do/mockingbird-family-model>,
http://calswec.berkeley.edu/sites/default/files/uploads/effective_practices_in_foster_parent_recruitment_and_retention.pdf, page 13

Kinship Support Services Program: <http://www.childsworld.ca.gov/PG2891.htm>

Foster Parent Mentor Program: <http://www.fosterforward.net/resources/foster-parent-resources/new-foster-parent-mentor-program>

Fostering Hope Program: <http://www.fosteringhopefoundation.org/>

- **Training for providers should be re-evaluated to ensure they are prepared.** Assessment participants listed skills for caring for children and youth with high needs, training on cultural competency, serving children and youth who identify as LGBTQ, and parenting skills as most important, and either too light or missing in the current training offerings. Youth in focus groups suggested training for foster parents and youth on collaborative communication and problem solving, which may reduce abuse. There are many resources and best practices on provider training models to assist Oregon when the state is ready to look at this recommendation.

Initial Resources:

PublicKnowledge

Recommendations

Recruitment and Retention:

http://calswec.berkeley.edu/sites/default/files/uploads/effective_practices_in_foster_parent_recruitment_and_retention.pdf

5. Methodology

5.1. Three Phased Approach

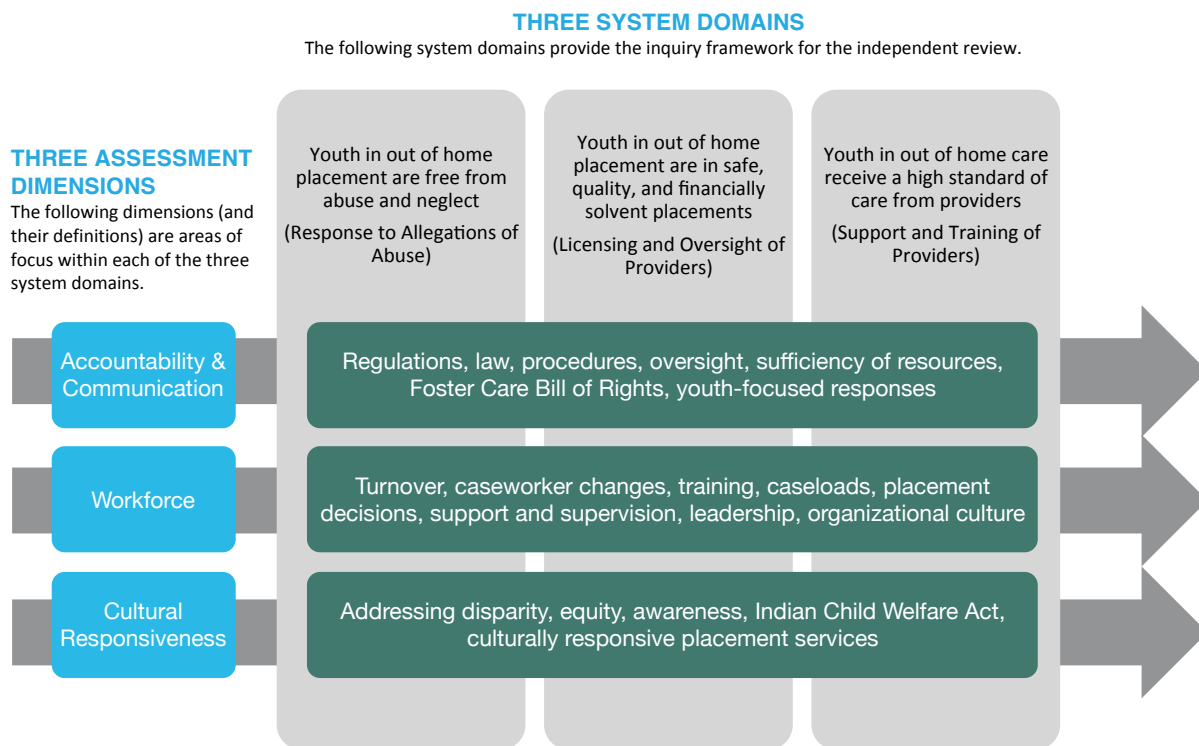
The Child Safety in Substitute Care Independent Review followed a three-phased approach. Each phase is briefly described below.

Throughout the review process, the review team focused on the perspective of the children and youth in substitute care. With each activity and each decision, we asked ourselves and the stakeholders involved: “how does this relate to safety in care?”

PHASE I – PROJECT INITIATION

The review team worked with the Governor’s Office, DHS, and the External Advisory Committee to establish project management and decision making processes. During this phase, we developed a vision and defined the scope for the review. The review team also met with Internal Resource Committee members at DHS to identify individuals, documentation, system data, and other sources that would inform the review. We developed an inquiry framework showing the major elements of the system, shown in Figure 23. The statements introducing the three system domains describe the vision for child and youth safety in each area.

Figure 23: Inquiry Framework

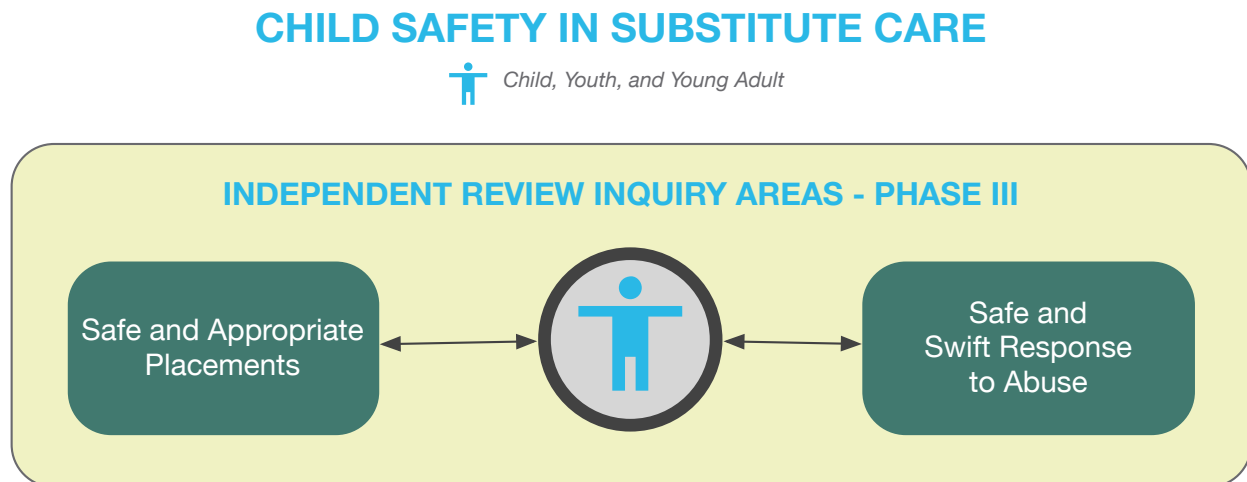
CHILD SAFETY IN SUBSTITUTE CARE INDEPENDENT REVIEW INQUIRY FRAMEWORK**PHASE II – INITIAL ASSESSMENT**

During this phase, the review team focused on gaining a broad understanding of the child substitute care system, and the major gaps and opportunities facing the System. We developed an authority inventory of the statutes, policies, and rules governing the System; using that inventory to develop regulatory system maps for each of the three system domains depicted in the inquiry framework. We reviewed over 100 reports, audits, emails, procedures, and legislation. We analyzed an initial set of System data obtained from DHS. We conducted 15 key informant interviews and two focus groups, guided by the inquiry framework above. The result of this phase was a set of 12 overall observations and 35 potential system gaps. We reviewed these results with our External Advisory Committee and the DHS Internal Resource Committee, and developed a set of criteria for selecting a set of focus areas for the Comprehensive Review phase. While we considered a number of elements during this process, the single

Key Informant Interviews are qualitative interviews with people who know what is going on within a system or community. The purpose is to collect information from a wide range of people who have first hand knowledge about the system or community in which the system operates. These experts, with their particular knowledge and understanding, can provide insight into the nature of the system problems or strengths.

most important consideration for selecting focus areas for Phase III was areas of the System that are closest to the direct experience of children and youth living in substitute care: *where they live and what happens when they experience abuse or neglect in care*. Figure 24 shows the focus areas for the Comprehensive Review. Once these areas were selected, the review team completed an Inquiry Protocol, which detailed the research questions, data sources, and participants for the Comprehensive Review.

Figure 24: Comprehensive Review Focus Areas



PHASE III – COMPREHENSIVE REVIEW

During the Comprehensive Review phase, the review team used focus groups and surveys to collect in-depth qualitative data on the two selected topics: Safe and Appropriate Placements, and Safe and Swift Response to Abuse in Care. We also analyzed quantitative data obtained from DHS, and reviewed documentation related to the topics.

The review team analyzed the data and developed nine findings. We also identified three major related barriers to improving the child substitute care system. We conducted best practice research and developed recommendations for each of our findings areas as well as a set of foundational recommendations.

See Figures 25 through 30 for details related to each of our Phase III activities.

Figure 25: Focus Groups

Focus Group Facilitation & Analysis	Survey Distribution & Analysis	DHS Data Analysis	Report & Documentation Review	Regulatory Review	Best & Promising Practices Research
Activities & Demographics: Facilitated 13 focus groups and analyzed the information from the focus groups to pull overarching themes, similarities between groups, and differences between groups. <ul style="list-style-type: none"> ▪ Youth, 2 focus groups held, 17 total participants ▪ Foster Parents, 3 focus groups held, 22 total participants ▪ OLRO Licensing Coordinators, 1 focus group held, 2 total participants ▪ DHS Certifiers, 1 focus group held, 12 total participants ▪ Child Care Agencies, 1 focus group held, 13 total participants ▪ Citizen Review Board Staff, 1 focus group held, 10 total participants ▪ Court Appointed Special Advocates, 1 focus group held, 9 total participants ▪ Birth Parent Mentors, 1 focus group held, 10 total participants 					
Summary: 13 Focus Groups Held, 106 Total Participants					

Figure 26: Surveys

Focus Group Facilitation & Analysis	Survey Distribution & Analysis	DHS Data Analysis	Report & Documentation Review	Regulatory Review	Best & Promising Practices Research
Activities & Demographics: Distributed 7 surveys and analyzed the data from the surveys to pull overarching themes, similarities between groups, and differences between groups. <ul style="list-style-type: none"> ▪ Youth, snowball survey method (68 respondents) ▪ Foster Parents, snowball survey method (85 respondents) ▪ Attorneys, snowball survey method (48 respondents) ▪ Judges, snowball survey method (20 respondents) ▪ Caseworkers & Supervisors, 52% response rate (734 respondents) ▪ CPS Hotline Staff, 27% response rate (24 respondents) ▪ Child Caring Agencies, snowball survey method (13 respondents) ✓ 63% of attorney and judge respondents have been working in child welfare law for 10+ years ✓ Average number of years in care for youth respondents: 6.5 ✓ 37% of youth respondents were in rural placements and 31% were in non-relative foster care ✓ 33% of caseworker & supervisor respondents have been working in child welfare 10+ years ✓ 24% of foster parent respondents live in rural areas 					
Summary: 7 Surveys Distributed, 992 Total Participants					

Figure 27: DHS Data

Focus Group Facilitation & Analysis	Survey Distribution & Analysis	DHS Data Analysis	Report & Documentation Review	Regulatory Review	Best & Promising Practices Research
Activities & Demographics: Requested and analyzed data from DHS on identified potential gaps. Topics included: <ul style="list-style-type: none"> ▪ Demographics of youth in substitute care ▪ Placement type for youth in substitute care ▪ Time in care ▪ Reports of allegations of abuse in care ▪ Demographics of youth subject to reports ▪ Provider capacity ▪ Level of need ▪ Placement stability ▪ Abuse in care allegations ▪ Resolution of abuse in care allegations ▪ Caseworker caseloads ▪ Net loss and gain of providers ▪ Allegations screened in and out 					
Summary: Data analyzed, summarized, and included with findings					

Figure 28: Documentation

Focus Group Facilitation & Analysis	Survey Distribution & Analysis	DHS Data Analysis	Report & Documentation Review	Regulatory Review	Best & Promising Practices Research
Activities & Demographics: Researched, reviewed, and summarized applicable sections of reports and documentation. This included: <ul style="list-style-type: none"> ▪ Child and Family Services Review Documents ▪ Task Force Reports ▪ Annual Progress Reports ▪ Committee Reports ▪ Major Litigation - past 5 years, \$50,000 + award/settlement ▪ Program Improvement Plans ▪ Recruitment & Retention Plans ▪ Various applicable reports ▪ Child Welfare Data Book ▪ Audits ▪ IV-E Program Improvement Plan ▪ Critical Incident Report ▪ Workgroup Reports ▪ Procedure Manuals ▪ Training Curriculum (applicable) ▪ Screening Protocols 					
Summary: Researched, reviewed, and summarized applicable documentation and reports from 2002 - 2016					

Figure 29: Policies & Rules

Focus Group Facilitation & Analysis	Survey Distribution & Analysis	DHS Data Analysis	Report & Documentation Review	Regulatory Review	Best & Promising Practices Research
Activities & Demographics: Researched, reviewed, and inventoried state and federal regulations applicable to the assessment scope. This included: <ul style="list-style-type: none"> ▪ 7 high-level graphic system maps for the three domains of the Child Substitute Care System, ▪ one-page summaries for each system map ▪ a full authority inventory (this table includes all the authorities used for the maps, and includes which domain it informs, the authority type, a quick summary, and the full citation) ✓ The maps were used to confirm assessment team knowledge of regulations ✓ The maps were used with initial assessment participants to confirm scope ✓ In the comprehensive assessment (phase III) the regulatory inventory was used to confirm knowledge of processes and procedures, and document gaps 					
Summary: 7 system maps, full regulatory inventory, and detailed gaps for areas in scope					

Figure 30: Best Practices & Recommendations

Focus Group Facilitation & Analysis	Survey Distribution & Analysis	DHS Data Analysis	Report & Documentation Review	Regulatory Review	Best & Promising Practices Research
Activities & Demographics: After identifying the assessment findings, the independent review team undertook an effort to identify recommendations and research best and promising practices from across the country. <ul style="list-style-type: none"> ▪ Identified findings ▪ Provided recommendations ▪ Researched best and promising practices ▪ Researched regulations in other states 					
Summary: Research and recommendations for all findings					

5.2. Guiding Principles

From the beginning of the project, the independent review team used the following guiding principles to develop the findings presented in this document:

- **USE A CHILD AND YOUTH-DRIVEN PERSPECTIVE.** Be guided first and foremost by the child and youth experience. The goal of this review is to improve outcomes for the children and youth the System serves. These children and youth, along with their permanent family system and community network of support, are the primary consumers of the System's efforts to keep children and youth safe from harm and prepared for the future. To this end, all our actions, decisions, and solutions will be shaped by how well they promote Oregon's interest in keeping children and youth safe, stable, and nurtured while in care.
- **PRACTICE A STRENGTHS-BASED APPROACH.** Every deficiency or gap in the System is an opportunity for improvement. Strengths or positives in the System may be footholds for solutions. We believe it important to not only investigate the System for weaknesses and flaws, but to understand what is working, and identify the strengths within the System that the state needs to protect and sustain.
- **APPLY SYSTEMS THINKING TO SEE THE WHOLE PICTURE.** Multiple contributors have a part to play in improving Oregon's substitute care system. The purpose of this review is to understand System strengths, as well as gaps in the System, including internal DHS functions and culture, collaboration with partners, and fiscal accountability for the cost of care.
- **BASE FINDINGS ON FACTS AND BE TRANSPARENT ABOUT OUR SOURCES.** Start with facts and data where possible, and corroborate with qualitative data. Participants' qualitative experience with or perceptions of the child substitute care system is as critical as what the quantitative data shows. We will communicate how we use information provided to us.
- **BUILD BUY-IN ACROSS STAKEHOLDERS.** Early involvement of System stakeholders in the design of the assessment helps build support for the decisions, resources, and interventions that are needed to better serve children and youth in substitute care. Ensuring our independence and following these guiding principles will also ensure a high level of trust in the process and final recommendations.
- **USE A POLICY-BASED DEFINITION OF CHILD AND YOUTH SAFETY.** For the purposes of this review, child and youth safety is defined as follows:
 - **CHILD & YOUTH SAFETY IS THE STATE OF BEING FREE FROM ABUSE AND NEGLECT.** Abuse means any of the following: physical injury caused by other than accidental means; mental injury caused by cruelty including verbal harassment,

threats, and seclusion; sexual abuse or exploitation; and abandonment. Neglect is the failure to provide the care necessary to maintain physical and mental health. Abuse and neglect are defined by Oregon Statutes in the Juvenile Chapter (419B.005), and in Child Welfare Services Chapter (418.205, definition of abuse recently added by Senate Bill 1515).

5.3. Independent Review Constraints

Independent review sponsors and advisors have emphasized that this review is a first step in a long process of mending Oregon's substitute care system. The review was given a short timeframe and charged with offering the state a few priority areas to focus on first. As expected with a review of a system of this size and complexity, the review team encountered a few challenges to our data collection activities. Those are summarized in the table below. We recommend that future efforts to collect information about the child substitute care system evaluate these constraints and identify ways to mitigate them.

Constraint	Description
Incomplete or Unreliable System Data	<p>Oregon currently has a disjointed data enterprise for tracking information about child and youth maltreatment in substitute care, as there are multiple agencies and programs and systems involved. Several separate data systems that do not interface and are of varying maturity levels are used across the System. There are also fields in the OR-KIDS system that would allow a richer data analysis regarding child safety that are not currently in use.</p> <p>Review participants report that the data systems are further limited by staff that do not input data accurately or in a timely manner, whether due to training, workload constraints, or other issues. We experienced this firsthand when analyzing data sets and noticing a number of "blank fields" or "unknown" data elements. This is consistent with what we have seen in data from other states' SACWIS systems.</p> <p>Participants in this review have varying degrees of trust in the reliability of the data obtained from DHS. The review team analyzed data obtained from the ORKIDS, OLRO, and OAAPI systems to support this review. In addition to this data we also considered qualitative information gleaned from focus groups, surveys, and other means.</p> <p>See Section 3 Related Barriers for more on this topic.</p>
Limited Participation from Culturally Diverse Communities	<p>The review team, guided by our External Advisory Committee, made a concerted effort to include the voices and experiences of culturally diverse stakeholders within the scope of the review. During our Initial Assessment phase, we interviewed individuals who could help us understand gaps in the System from the perspective of communities that are disproportionately represented in substitute care, including tribal and non-tribal Native American groups and the urban African American community.</p> <p>Due to the limited timeframe and resources allocated to this review, we were unable to focus our qualitative data collection activities during our Comprehensive Review phase in these or other minority communities. We did not tailor questions or methodologies to the specific needs of cultural or racial minority groups, nor did we collect demographic data from focus group or survey participants. Future in depth reviews of targeted areas of the system should consider working with cultural liaisons to collect qualitative data in ways that work for minority communities.</p> <p>We believe that disproportionality and a lack of culturally relevant placements may affect</p>

Constraint	Description
	safety in care, but due to the focused scope of this review, we do not make conclusions about those topics (See Section 3.4 for overall observations regarding cultural competency).
Nonparticipation by Some Stakeholder Groups	<p>Some stakeholder groups identified in PK's Inquiry Protocol for the Comprehensive Review phase or that were requested by members of the External Advisory Committee either chose not to, or were unable to participate in qualitative data collection activities. Those groups are listed below, with the reason for nonparticipation:</p> <ul style="list-style-type: none"> • Oregon Department of Justice (DOJ) Attorneys – We included this stakeholder group as a survey audience in our Inquiry Protocol. Due to concerns related to client-attorney privilege, the DOJ attorneys declined to participate in the survey. • Tort Attorneys – Tort attorneys that have been involved in large settlement cases against DHS for abuses of children or youth in substitute care have unique insight into the gaps and issues within the System. Because many of these attorneys are involved in current litigation with the state, we were unable to conduct a focus group with this stakeholder group. However, with assistance from our External Advisory Committee members, several tort attorneys participated in a confidential survey, and their input is included in this review. • Rural Foster Youth – We invited youth living in rural Jackson and Josephine Counties to participate in a focus group. However, due to summer schedules and other conflicts, we had to cancel this group due to low participation. We conducted two well-attended focus groups in the Portland and Salem areas. In lieu of an in-person focus group, the review team increased efforts to distribute a survey to youth statewide. A total of 68 youth responded to our survey. 18% reported living in a large city, 45% in a medium sized city, and 37% reported living in a rural or small town.
Individual Case Files Not Reviewed	The independent review team did not review individual case files for this project. To unequivocally understand the reasons for abuse in substitute care – or the reasons why in many cases abuse has been allowed to continue - there could be some value in reviewing files from those cases where abuse was substantiated. Due to the timeframe and resources allocated for this review, combined with the priorities of the review's External Advisory Committee, our methodology focused instead on collecting qualitative information from people involved in the System and analyzing quantitative data collected by DHS.
DHS Personnel Files Not Reviewed	The DHS Director has recently initiated an effort to analyze data from personnel files to gain a better understanding of decisions and actions taken with line workers and supervisors involved in the most serious cases of abuse in care. This information was not available during the timeframe for the independent review.

6. Contributors and Sources

6.1. Contributors to the Independent Review

The Child Safety in Substitute Care Independent Review drew on the knowledge, experiences, and perceptions of hundreds of Oregonians around the state. This section lists many of those contributors, but many will remain anonymous through their participation in focus groups and surveys.

6.1.1. External Advisory Committee

- Caroline Cruz, Confederated Tribes Warm Springs
- Robin Donart, Maple Star Oregon
- Lene Garrett, CASA
- Senator Sara Gelser, Oregon State Legislator
- Josh Graves, Catholic Community Services
- Christine Hartmann, Oregon Foster Parent Association
- Mark McKechnie, Youth Rights & Justice
- Craig Opperman, Looking Glass
- Rep. Carla Piluso, Oregon State Legislator
- Katie Robertson, Foster Care Alumni , Oregon Foster Youth Connection
- Elden Rosenthal, Rosenthal Greene & Devlin, PC
- Clyde Saiki, DHS Director
- John Sciamanna, Child Welfare League of America
- Nicole Stapp, Foster Care Alumni and Advocate, Oregon Foster Youth Connection
- Rep. Duane Stark, Oregon State Legislator
- Kay Toran, Volunteers of America

- Senator Jackie Winters, Oregon State Legislator

EAC Support

- Jeannine Beatrice, DHS Chief of Staff
- Addie Smith, Governor's Office, Task Force on Dependency Representation

6.1.2. DHS Internal Resource Committee

- Abdulrahim Audi, Social Service Specialist 1 – District 2
- Stacey Ayers, Child Protective Services Program Manager –Child Welfare
- April Barrett, Human Resources Payroll Liaison – Director's Office
- Anna Cox, Data Collection & Reporting Manager – Business Intelligence Unit
- Gene Evans, Public Affairs Director – Director's Office
- Lora Edwards, Research Analyst – Office of Adult Abuse Prevention and Investigation
- Kevin George, Child Well Being Unit Co-Program Manager – Child Welfare
- Harry Gilmore, Children's Care Licensing Unit – Office of Licensing and Regulatory Oversight
- AJ Goins, Federal Policy, Planning & Resources Co-Manager – Child Welfare
- Brooke Hall, Program and Training – Office of Adult Abuse Prevention and Investigation
- Wendy Hill, District 14 District Manager – Child Welfare
- Michelle Johnson, Classification & Recruitment Manager – Human Resources
- Nadja Jones, Tribal Affairs Director – Director's Office
- Kim Keller, District 15 Program Manager – Child Welfare
- Debbi Kraus-Dorn, Children's Residential Manager – Developmental Disabilities
- Sherril Kuhns, Federal Policy, Planning & Resources Co-Manager – Child Welfare
- Stacy Lake, Differential Response Manager – Child Welfare

- Nicomi Levine, Social Service Specialist 1 - District 2
- Jason Mak, Diversity & Inclusion Manager – Director’s Office
- Laurie Price, Co-Program Manager – Child Well Being Unit
- Jodi Sherwood, Project Manager – Office of the Chief Operating Officer
- Barb Southard, Developmental Disabilities Licensing Manager – Office of Licensing and Regulatory Oversight
- Julie Spencer, District 5 Program Manager – Child Welfare
- Naomi Steenson, Administrator – Governor’s Advocacy Office (former)
- Kalisha Stout, PEMC, Supervisor – District 2

6.1.3. Key Informant Interviewees (Initial Assessment Phase II)

- John Devlin, Attorney – Rosenthal Greene & Devlin, P.C.
- Group Interview: Foster Youth and Alumni – Oregon Foster Youth Connection
- Group Interview: Substitute Care Providers (CCAs) – Oregon Alliance of Children’s Programs
- John Haroldson, District Attorney – Benton County District Attorneys Office
- Tom Heidt, DHS Licensing Coordinator – DHS Central, Licensing Unit
- Therese Hutchinson, Policy, Program, & Training Manager – DHS Central, Office of Adult Abuse Prevention & Investigation
- Darin Mancuso, Foster Care Ombudsman – Governor’s Office/DHS
- Renee Moseley, Deputy Director – Bridge Meadows (community housing provider with foster care focus)
- Hon. Lindsay Partridge, Judge – Marion County Juvenile Court
- Holly Preslar, Attorney – Holly A. Preslar, Attorney at Law
- Mike and Lonnie Ribiero, Foster Parents – Harney County, OR

- Lisa Romano, Executive Director – Oregon CASA Network
- Tawna Sanchez, Interim Executive Director – NAYA Family Programs
- Kim Scott, President & CEO – Trillium Family Services
- Angela Sherbo, Supervising Attorney – Youth, Rights, & Justice
- Ruth Taylor and Parent advisor/mentor, Facilitator & Program Director – Foster Parent Advisory Committee & Morrison Child & Family Services
- Hon. Nan Waller, Presiding Judge – Multnomah County Circuit Court

6.1.4. Other Contributors

The individuals listed here provided assistance and information at the request of the independent review team or the DHS Director's Office.

- Janet Arenz, Executive Director, Oregon Alliance of Children's Programs
- James Barta, Legislative Director, Children First for Oregon
- Patricia Chamberlain, Ph.D., Science Director, Oregon Social Learning Center
- Gene Evans, Public Affairs Director, DHS
- Veronica Garcia, Executive Specialist, Oregon Alliance of Children's Programs
- Leah Hall, Program Supervisor, Morrison Child and Family Services
- Megan Hassen, Juvenile Law and Policy Counsel, Oregon Judicial Department
- Justin Hopkins, Contracts and Compliance Director, Oregon Health Authority
- Laramie Lesina, Independent Living Program Manager, Kairos
- Angela Long, Program Performance and Reporting Office Administrator, DHS
- Lisa McMahon, Program Director, Oregon Foster Youth Connection
- Amy Miller, Deputy General Counsel, Office of Public Defense Services
- Marilee Ortiz, Social Service Specialist, Child Protective Services, DHS

- Dawn Phillips, Chief of Staff, State Representative Duane Stark
- Adam Rodakowski, Assistant Program Manager, DHS
- John Thompson, Deputy Director, Office of Adult Abuse Prevention & Investigations, DHS

6.2. Documentation Reviewed

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George, Kevin (email communication to G. Evans, RE: FCST update – upcoming action re: former foster parent, July 18, 2012)

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Kelley-Siel, Erinn (email communication to L. Day, RE: Abuse in foster care white paper, March 31, 2015)

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EXPERT WITNESS CONTRACT

This contract for expert witness services (“**Contract**”) is between Markowitz Herbold PC (the “**Firm**”), the Oregon Department of Administrative Services (the “**Agency**”), and Public Knowledge, LLC, a Wyoming limited liability company (“**Public Knowledge**” or the “**Contractor**”). The Oregon Department of Human Services (“**DHS**”) is an intended third-party beneficiary of this Contract. The Firm’s Contract Administrator for this Contract is identified in Section 20.

1. Contract Term. This Contract is effective on June 22, 2020, and unless earlier terminated, continues through December 31, 2021. Contract termination does not extinguish or prejudice Agency’s or the Firm’s right to enforce this Contract with respect to any default by Contractor that has not been cured.

2. Statement of Work

2.1. Statement of Work. Contractor shall provide the services and deliver all associated deliverables (“**Work Product**”) described in Exhibit A, Statement of Work (“**Services**”), which is attached and incorporated into this Contract.

3. Consideration.

3.1. As payment in full for Services, Agency shall pay Contractor at the rates specified in Exhibit A.

3.2. Agency will reimburse Contractor for reasonable and necessary travel and other expenses as provided in Exhibit A, and only to the extent permitted in the Oregon Accounting Manual, available from Statewide Accounting and Reporting Services of the Chief Financial Office, and viewable at:
<https://www.oregon.gov/das/Financial/Acctng/Pages/Travel.aspx>

3.3. The maximum amount payable to Contractor under this Contract, including all payments pursuant to Section 3.1 and any allowable expenses pursuant to section 3.2, is **\$605,000**. Contractor shall not submit invoices for, and Agency is not obligated to pay, any compensation in excess of this amount. If this maximum amount is increased by Contract amendment, the amendment must be fully effective before Contractor performs any Services subject to the amendment.

3.4. Agency is not obligated to pay Contractor for any Services unless such Services are complete, conform to the Contract specifications, and otherwise conform to the warranties and other terms of this Contract.

3.5. Contractor shall submit monthly invoices to Contract Administrator for Services performed. Contractor shall describe in each invoice all Services performed, the dates of performance, and by whom such Services were performed, and shall itemize and explain all expenses for which Contractor claims reimbursement. Contractor shall mail or email

invoices to Contract Administrator at the address specified in section 20. After the Contract Administrator reviews the invoice and approves any undisputed amount for payment, the Contract Administrator will forward the invoice to Agency for payment.

4. Contract Documents. This Contract consists of the following documents, which are listed in descending order of precedence: this Contract less all exhibits, Exhibit A, Statement of Work, and Exhibit B, Insurance Requirements. Exhibit A and Exhibit B are attached and incorporated into this Contract.

5. Independent Contractor; Responsibility for Taxes and Withholding.

5.1. Contractor shall perform all Services as an independent contractor. Contractor is not an “officer,” “employee,” or “agent” of the State, as those terms are used in ORS 30.265. Contractor is responsible for determining the appropriate means and manner of performing the Services.

5.2. If a contract is currently performing work for the State or the federal government, then by signature to this Contract, Contractor represents and warrants to DHS and Agency that: Contractor's performance of Services under this Contract creates no potential or actual conflict of interest as defined by ORS 244, and no statutes, rules or regulations of the state or federal agency for which Contractor currently performs work would prohibit Contractor's performance of Services under this Contract.

5.3. Contractor shall pay all federal and state taxes applicable to compensation or payments paid to Contractor under this Contract and, unless Contractor is subject to backup withholding, Agency will not withhold from such compensation or payments any amounts to cover Contractor's federal or state tax obligations. Contractor is not eligible for any social security, unemployment insurance or workers' compensation benefits from compensation or payments paid to Contractor under this Contract, except as a self-employed individual.

6. Subcontracts, Successors, and Assignments. Contractor shall not enter into any subcontracts for any of the Services required by this Contract without Firm's prior written consent. Firm's consent to any subcontract does not relieve Contractor of any of its duties or obligations under this Contract. The provisions of this Contract shall be binding upon and inure to the benefit of the parties, their respective successors, and permitted assigns, if any. Contractor shall not assign, delegate or transfer any of its rights or obligations under this Contract without Firm's prior written consent.

7. No Third-Party Beneficiaries. Except for DHS in its capacity as third-party beneficiary under this Contract, Firm, Agency, and Contractor are the only parties to this Contract and are the only parties entitled to enforce the terms of this Contract. Nothing in this Contract gives, is intended to give, or is construed to give or provide any benefit or right not held by or made generally available to the public, whether directly, indirectly or otherwise, to third persons unless such third persons are individually identified by name herein and expressly described as intended

beneficiaries of the terms of this Contract. The parties agree that DHS is the only intended third-party beneficiary under this Contract.

8. Funds Available and Authorized; Payments. Contractor will not be compensated by any other agency or department of the State for Services performed under this Contract. Agency certifies that it has sufficient funds currently authorized for expenditure to finance the costs of this Contract within Agency's current biennial appropriation or limitation. Contractor understands and agrees that Agency's payment of amounts under this Contract are contingent on Agency receiving appropriations, limitations, allotments or other expenditure authority sufficient to allow Agency, in the exercise of its reasonable administrative discretion, to continue to make payments under this Contract. If the Oregon Legislative Assembly fails to appropriate sufficient appropriations, limitations, allotments, or other expenditure authority to Agency, Agency may terminate this Contract without penalty or liability to Agency.

9. Representations and Warranties.

9.1. Contractor's Representations and Warranties. Contractor represents and warrants to Firm and Agency that:

9.1.1. Contractor has the power and authority to enter into and perform this Contract;

9.1.2. this Contract, when executed and delivered, is a valid and binding obligation of Contractor enforceable according to its terms;

9.1.3. Contractor has the skill and knowledge possessed by well-informed members of its industry, trade or profession and Contractor will apply that skill and knowledge with care and diligence to perform the Services in a professional manner and according to standards prevalent in Contractor's industry, trade or profession; and,

9.1.4. Contractor is and will be at all times during the term of this Contract, qualified, professionally competent, and duly licensed to perform the Services.

9.2. Warranties Cumulative. The warranties set forth in this section are in addition to, and not in lieu of, any other warranties provided.

10. Ownership of Work Product; Confidentiality.

10.1. Ownership of Work Product. All Work Product is the exclusive property of DHS. Contractor hereby irrevocably assigns to DHS all of its rights, title, and interest in and to any and all of such Work Product, whether arising from copyright, patent, trademark, trade secret, or any other state or federal intellectual property law or doctrine. Contractor forever waives any and all rights relating to such Work Product, including without limitation, any and all rights arising under 17 USC § 106A or any other rights of identification of authorship or rights of approval, restriction or limitation on use or subsequent modifications.

10.2. Confidentiality. Contractor will be creating Work Product and providing information to assist Agency attorneys to both prepare for and conduct litigation. Contractor acknowledges that Contractor and its employees or agents may, in the course of performing Services under this Contract, be exposed to or acquire communications that are confidential, privileged communications not intended to be disclosed to third parties.

Contractor agrees that any Work Product created by Contractor and all information of any form obtained by Contractor or its employees or agents in the performance of this Contract is deemed “**Confidential Information**” of DHS and Agency. Confidential Information does not include information which is or becomes (other than by disclosure by Contractor) publicly known.

Contractor agrees to hold such Confidential Information in strict confidence and to not copy, reproduce, sell, transfer, or otherwise dispose of, give or disclose such information for any purposes whatsoever other than the provision of Services to DHS and Agency. Contractor agrees to advise each of its employees and agents of their obligations to keep such information confidential.

11. Indemnity.

11.1. INDEMNITY. CONTRACTOR SHALL DEFEND, SAVE, HOLD HARMLESS, AND INDEMNIFY FIRM, THE STATE OF OREGON, DHS, AGENCY, AND THEIR OFFICERS, EMPLOYEES AND AGENTS, FROM AND AGAINST ALL CLAIMS, SUITS, ACTIONS, LOSSES, DAMAGES, LIABILITIES, COSTS AND EXPENSES OF ANY NATURE WHATSOEVER, INCLUDING ATTORNEYS FEES, RESULTING FROM, ARISING OUT OF, OR RELATING TO THE ALLEGED NEGLIGENT OR WILLFUL ACTS, OMISSIONS, OR ANY BREACH OF THIS CONTRACT BY THE CONTRACTOR OR ITS OFFICERS, EMPLOYEES, SUBCONTRACTORS, OR AGENTS UNDER THIS CONTRACT.

11.2. CONTROL OF DEFENSE AND SETTLEMENT. CONTRACTOR SHALL HAVE CONTROL OF THE DEFENSE AND SETTLEMENT OF ANY CLAIM THAT IS SUBJECT TO SECTION 11.1; HOWEVER, NEITHER CONTRACTOR NOR ANY ATTORNEY ENGAGED BY CONTRACTOR SHALL DEFEND THE CLAIM IN THE NAME OF THE STATE OF OREGON OR ANY AGENCY OF THE STATE OF OREGON, NOR PURPORT TO ACT AS LEGAL REPRESENTATIVE OF THE STATE OF OREGON OR ANY OF ITS AGENCIES, WITHOUT FIRST RECEIVING FROM THE OREGON ATTORNEY GENERAL, IN A FORM AND MANNER DETERMINED APPROPRIATE BY THE ATTORNEY GENERAL, AUTHORITY TO ACT AS LEGAL COUNSEL FOR THE STATE OF OREGON, NOR SHALL CONTRACTOR SETTLE ANY CLAIM ON BEHALF OF THE STATE OF OREGON WITHOUT THE APPROVAL OF THE ATTORNEY GENERAL. THE STATE OF OREGON MAY, AT ITS ELECTION AND EXPENSE, ASSUME ITS OWN DEFENSE AND SETTLEMENT IF THE STATE OF OREGON DETERMINES THAT CONTRACTOR IS PROHIBITED FROM DEFENDING THE STATE OF OREGON, OR IS NOT ADEQUATELY

DEFENDING THE STATE OF OREGON'S INTERESTS, OR THAT AN IMPORTANT GOVERNMENTAL PRINCIPLE IS AT ISSUE, AND THE STATE OF OREGON DESIRES TO ASSUME ITS OWN DEFENSE.

12. Insurance. Contractor shall maintain the insurance coverage specified in Exhibit B, Insurance Requirements.

13. Termination.

13.1. Termination by Agency or Firm for Convenience. At its sole discretion, Agency or Firm may terminate this Contract for its convenience upon fifteen (15) days written notice to Contractor.

13.2. Termination by Agency or Firm for Cause. In addition to any other rights and remedies Firm and Agency may have under this Contract, Firm and Agency may terminate this Contract, in whole or in part, immediately upon written notice to Contractor, or at such later date as Firm or Agency may establish in such notice, upon the occurrence of any of the following events:

13.2.1. Funding from federal, state, or other sources is not obtained and continued at levels sufficient to pay for Contractor's Services;

13.2.2. Federal or state laws, regulations, or guidelines are modified or interpreted in such a way that the performance of the Services under this Contract is prohibited, or Agency is prohibited from paying for such Services from the planned funding source;

13.2.3. Contractor no longer holds a license or certificate that is required for it to perform the Services; or,

13.2.4. Contractor commits any material breach or default of any covenant, warranty, obligation or certification under this Contract, fails to perform the Services in conformance with the requirements and warranties provided herein, or so fails to pursue the Services as to endanger Contractor's performance under this Contract according to its terms, and such breach, default or failure is not cured within ten (10) business days after delivery of Firm's or Agency's notice or such longer period as Firm or Agency may specify in such notice.

13.3. Termination by Contractor. Contractor may terminate this Contract if Agency fails to pay Contractor any amount pursuant to the terms of this Contract, and Agency fails to cure such failure within thirty (30) days after Contractor's notice of termination for nonpayment, or such longer period as Contractor may specify in such notice.

13.3.1. Contract termination pursuant to this section 13 shall be without prejudice to any obligations or liabilities of either party already accrued prior to such termination. However, upon receiving a notice of termination under this section 13,

Contractor shall immediately cease all activities under this Contract, unless expressly directed otherwise by Firm or Agency in the notice of termination. Further, upon termination, Contractor shall deliver to Firm or Agency all documents, information, works-in-progress, Work Product, and other property that is or would be deliverables had this Contract been completed.

14. Records Maintenance; Access. Contractor shall maintain all financial records relating to this Contract according to generally accepted accounting principles. In addition, Contractor shall maintain any other records pertinent to this Contract in such a manner as to clearly document Contractor's performance. Contractor acknowledges and agrees that DHS, the Oregon Secretary of State's Office, the federal government, and their duly authorized representatives shall have access to such financial records and other books, documents, papers, plans, records of shipments and payments and writings of Contractor that are pertinent to this Contract, whether in paper, electronic or other form, to perform examinations and audits and make excerpts and transcripts. Contractor shall retain and keep accessible all such financial records, books, documents, papers, plans, records of shipments and payments and writings for a minimum of six (6) years, or such longer period as may be required by applicable law, following final payment and termination of this Contract, or until the conclusion of any audit, controversy or litigation arising out of or related to this Contract, whichever date is later.

15. Compliance with Applicable Law. Contractor shall comply with all federal, state and local laws, regulations, executive orders and ordinances applicable to this Contract.

16. Limitation of Liabilities. FIRM, AGENCY, AND CONTRACTOR ARE NOT LIABLE FOR (i) ANY INDIRECT, INCIDENTAL, CONSEQUENTIAL, OR SPECIAL DAMAGES UNDER THIS CONTRACT OR (ii) ANY DAMAGE OF ANY SORT ARISING SOLELY FROM THE TERMINATION OF THIS CONTRACT IN ACCORDANCE WITH ITS TERMS.

17. Force Majeure. Agency, Firm, and Contractor are not liable for delay or default caused by fire, riot, acts of God, terrorist acts, or other acts of political sabotage, or war where such cause was beyond the reasonable control of the Agency, Firm, or Contractor, respectively. Contractor shall, however, make all reasonable efforts to remove or eliminate such a cause of delay or default and upon the cessation of the cause, diligently pursue performance of its obligations under this Contract.

18. Survival. All rights and obligations shall cease upon termination or expiration of this Contract, except for the rights and obligations set forth in sections 1, 7, 8, 9, 10, 11, 13, 14, 18, 23, and 24.

19. Time is of the Essence. Contractor agrees that time is of the essence under this Contract.

20. Notice. Except as otherwise expressly provided in this Contract, any notices between the parties that relate to this Contract must be given in writing, personal delivery, express courier, or United States Postal Service, postage prepaid, to Contractor or the Contract Administrator at the address set forth below, or to such other addresses as either party may hereafter indicate pursuant

to this section. Any notice so addressed and mailed is effective five (5) days after the postmark date. Any notice given by personal delivery is effective immediately if delivery is made to the following individuals:

CONTRACT ADMINISTRATOR:	IF TO CONTRACTOR:
Lauren Blaesing Markowitz Herbold PC 1455 SW Broadway, Ste. 1900 Portland, OR 97201 Phone: 503-295-3085 LaurenBlaesing@markowitzherbold.com	Stacey Obrecht Public Knowledge, LLC 1911 SW Campus Drive #457 Federal Way, WA 98023 Phone: 307-287-8941 sobrecht@pubknow.com

21. Severability. The parties agree that if any term of this Contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms will not be affected, and the rights and obligations of the parties shall be construed and enforced as if this Contract did not contain the particular term held to be invalid.

22. Counterparts. This Contract may be executed in several counterparts, all of which when taken together constitute one agreement binding on all parties, notwithstanding that all parties are not signatories to the same counterpart. Each copy of this Contract so executed constitutes an original.

23. Choice of Law; Designation of Forum; Federal Forum.

23.1. Choice of Law. The laws of the State of Oregon (without giving effect to its conflicts of law principles) govern all matters arising out of or relating to this Contract, including, without limitation, its validity, interpretation, construction, performance, and enforcement.

23.2. Designation of Forum. Any claim, action, suit or proceeding (collectively, "Claim") between Agency (or any other agency or department of the State) and Contractor that arises from or relates to this Contract shall be brought and conducted solely and exclusively within the Circuit Court of the State of Oregon for Marion County. Contractor hereby consents to the exclusive jurisdiction of such court, waives any objection to venue, and waives any claim that such forum is an inconvenient forum.

23.3. Federal Forum. Notwithstanding section 23.2, if a claim must be brought in a federal forum, then it must be brought and adjudicated solely and exclusively within the United States District Court for the District of Oregon. This section applies to a claim brought against the State of Oregon only to the extent Congress has appropriately abrogated the State of Oregon's sovereign immunity and is not a consent by the State of Oregon to be sued in federal court. This section is also not a waiver by the State of Oregon of any form of immunity, including but not limited to sovereign immunity and immunity based on the Eleventh Amendment to the Constitution of the United States.

24. Merger Clause; Waiver. This Contract and attached exhibits constitute the entire agreement between the parties on the subject matter of this Contract. There are no understandings, agreements, or representations, oral or written, regarding this Contract that are not specified in this Contract. No waiver, consent, modification or change of terms of this Contract binds all parties unless in writing and signed by both parties and all necessary State approvals have been obtained. Such waiver, consent, modification or change, if made, is effective only in the specific instance and for the specific purpose given. The failure of Firm or Agency to enforce any provision of this Contract does not constitute a waiver by Firm or Agency of that or any other provision.

25. Consulting Expert. Contractor will serve as a consulting expert unless the Firm designates, in writing, that the Contractor will serve as a testifying expert.

26. Contractor Data and Certification.

26.1. Contractor Tax Identification Information. Contractor shall provide Contractor's Social Security number or Contractor's federal tax ID number and the additional information set forth below. This information is requested pursuant to ORS 305.385. Social Security Numbers provided pursuant to this section will be used for the administration of state, federal and local tax laws.

Name (tax filing): **Public Knowledge**
 Address: Public Knowledge, LLC
 1911 SW Campus Drive #457
 Federal Way, WA 98023

Citizenship, if applicable: Non-resident alien ☐ Yes ☐ No

Business Designation (check one):

☐ Corporation ☐ Partnership ☐ Limited Liability Partnership
☐ Limited Partnership ☐ Sole Proprietorship ☒ Limited Liability Company
☐ Other: _____

Federal Tax ID#: [REDACTED]

Agency may report the information given above to the Internal Revenue Service (IRS) under the name and social security number or taxpayer identification number provided.

26.2 Certification. The individual signing on behalf of Contractor certifies under penalty of perjury that: (a) the number shown above is Contractor's correct taxpayer identification and the other information provided is correct; (b) Contractor is not subject to backup withholding because (i) Contractor is exempt from backup withholding, (ii) Contractor has not been notified by the IRS that Contractor is subject to backup

withholding as a result of a failure to report all interest or dividends, or (iii) the IRS has notified Contractor that Contractor is no longer subject to backup withholding; (c) the individual is authorized to act on behalf of Contractor, has authority and knowledge regarding Contractor's payment of taxes, and to the best of the individual's knowledge, Contractor is not in violation of any Oregon Tax Laws. For purposes of this certification, "Oregon Tax Laws" means a state tax imposed by ORS 320.005 to 320.150 (Amusement Device Taxes), 403.200 to 403.250 (Tax for Emergency Communications), 118 (Inheritance Tax), 314 (Income Tax), 316 (Personal Income Tax), 317 (Corporation Excise Tax), 318 (Corporation Income Tax), 321 (Timber and Forest Land Taxation) and 323 (Cigarettes and Tobacco Products) and any local taxes administered by the Department of Revenue under ORS 305.620.

CONTRACTOR, BY EXECUTION OF THIS CONTRACT, HEREBY ACKNOWLEDGES THAT CONTRACTOR HAS READ THIS CONTRACT, UNDERSTANDS IT, AND AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.

Public Knowledge

Markowitz Herbold PC


By:  Date: 6/25/20

By:  Date: 06-25-2020
Lauren Blaesing

**Approved as to Sections 3, 7 and 8 by the
State of Oregon Department of
Administrative Services**

Reviewed:

By:  Date: 6/26/2020
Name: Brian E. DeForest
Title: CAO

By:  Date: June 24, 2020
Stephanie A. Thompson
Senior Assistant Attorney General

**EXHIBIT A
STATEMENT OF WORK
EXPERT WITNESS CONTRACT**

Part I. Services.

A. Contractor shall consult with and assist Firm and Agency in providing professional assistance and strategy advice regarding records analyses as part of trial preparation of: *Wyatt, et al. v. Kate Brown, et al.*, United States District Court, Eugene Division Case No. 6:19-cv-00556-AA (the “Matter”). Contractor shall take all steps reasonably necessary to provide the Services in a professional manner.

B. Contractor shall set forth in writing and deliver to Firm all of its findings and opinions if requested by Firm.

C. Contractor shall make expert personnel available to Firm, DHS, and Agency at reasonable hours, upon sufficient notice, to consult with Firm, DHS, and Agency regarding the Matter. Contractor understands and agrees that the commencement date of any trial or other court proceeding in connection with the Matter may change, and that Contractor's performance of Services is not excused by any date changes.

Part II. Payment.

Contractor's fees will be based upon Contractor's customary and reasonable billing rates which must not exceed the following hourly billing rates:

Melissa Davis, M.P.Aff	\$200.00
Stacy Obrecht, JD, CWLS, PMP	\$280.00
Allison Olson, MS	\$145.00
Alli Anderson	\$120.00
Will Hornsby, MSW	\$215.00
Bonnie Hommrich, MSSW	\$150.00
Eliza Byrne, MSW, MGA	\$140.00
Julie Breedlove	\$175.00
Jessica Dill	\$120.00

To reduce fees, Contractor shall assign tasks among its staff commensurate with the level of expertise required and shall use professional employees where appropriate. Agency will not pay Contractor for secretarial or clerical services.

Part III. Travel and Other Expenses.

A. Agency will reimburse Contractor, within the not-to-exceed amount of this Contract, for travel only when the travel is essential to the normal discharge of Agency's responsibilities. Contractor shall conduct all travel in the most efficient and cost-effective manner resulting in the best value to Agency. The travel must comply with all the requirements set forth in this section

and must be for official Agency business only. Contractor shall provide Agency with receipts for all travel expenses except meals. All Contractor representatives will fly “coach class,” unless Contractor pays the difference. All Contractor representatives will be limited to economy or compact sized rental vehicles, unless Contractor pays the difference.

B. To be eligible for reimbursement, Agency must provide advance written approval of all travel to and from the State of Oregon (“**Out-of-State Travel**”). In addition to reimbursement for meals and lodging, Agency will reimburse Contractor for airfare expenses and rental vehicles related to pre-approved Out-of-State Travel only if Contractor is acting within the course and scope of its duties under this Contract and in furtherance of the Services.

**EXHIBIT B
INSURANCE REQUIREMENTS**

During the term of this Contract, Contractor must maintain in force at its own expense, each insurance noted below:

(Agency must check boxes for #2, #3, & #4 as to whether insurance is required or not.)

1. ☒ Required by Agency of contractors with one or more workers, as defined by ORS 656.027.

Workers' Compensation: All employers, including Contractor, that employ subject workers, as defined in ORS 656.027, shall comply with ORS 656.017 and shall provide workers' compensation insurance coverage for those workers, unless they meet the requirement for an exemption under ORS 656. 126(2). Contractor shall require and ensure that each of its subcontractors comply with these requirements.

2. ☐ Required by Agency ☐ Not required by Agency.

Professional Liability insurance with a combined single limit, or the equivalent, of not less than ☐ \$200,000 ☐ \$500,000 ☐ \$1,000,000 ☐ \$2,000,000 each claim, incident or occurrence. This is to cover damages caused by error, omission or negligent acts related to the professional Services to be provided under this Contract.

3. ☐ Required by Agency ☐ Not required by Agency.

General Liability insurance with a combined single limit, or the equivalent, of not less than ☐ \$200,000 ☐ \$500,000 ☐ \$1,000,000 ☐ \$2,000,000 each occurrence for Bodily Injury and Property Damage. It shall include contractual liability coverage for the indemnity provided under this Contract. It shall provide that the State of Oregon, Department of Justice and their divisions, officers and employees are Additional Insureds but only with respect to the Contractor's Services to be provided under this Contract.

4. ☒ Required by Agency ☐ Not required by Agency.

Automobile Liability insurance with a combined single limit, or the equivalent, of not less than ☒ Oregon Financial Responsibility Law (ORS 806.060) ☐ \$200,000 ☐ \$500,000 ☐ \$1,000,000 each accident for Bodily Injury and Property Damage, including coverage for owned, hired or non-owned vehicles, as applicable.

5. Notice of cancellation or change. There shall be no cancellation, material change, reduction of limits or intent not to renew the insurance coverage(s) without 30 days prior written notice from the Contractor or its insurer(s) to Agency.

6. Certificates of insurance. As evidence of the insurance coverages required by this Contract, the Contractor shall furnish acceptable insurance certificates to Agency prior to commencing the work. The certificate will specify all of the parties who are Additional Insureds. Insuring companies or entities are subject to State acceptance. If requested, complete copies of insurance policies, trust agreements, etc. shall be provided to the State. The Contractor shall be financially responsible for all pertinent deductibles, self-insured retentions or self-insurance.



LEGAL STANDARDS

There are a handful of laws that are relevant to this case: the Due Process Clause of the U.S. Constitution, the Child Welfare Act, and the Americans with Disabilities Act.

Under the Due Process Clause, foster children have a right to “minimally adequate care and treatment appropriate to the age and circumstances of the child.” Minimally adequate care includes a foster child’s “basic human needs—*e.g.*, food, clothing, shelter, medical care, and reasonable safety.” The State must provide children in its custody “personal security and reasonably safe living conditions” free from an unreasonable risk of both physical and psychological harm. The Due Process Clause ensures that foster children are “free from severe psychological abuse and emotional trauma—both of which are often inextricably related to some form of physical mistreatment or deprivation.” This standard does not entitle foster children to receive optimal treatment and services, nor does it afford them the right to be free from any and all psychological harm at the hands of the State.

To prove a violation of the Due Process Clause, a plaintiff must prove that state officials acted with such deliberate indifference to the plaintiffs' liberty interest that their actions “shock the conscience.” That standard requires proof of two facts: (1) an objectively substantial risk of harm; and (2) the official's subjective awareness of that risk. The second part may be proven by showing: (1) that the official was aware of facts from which an inference of risk may be drawn and that the official made that inference; (2) that the official was aware of facts from which an inference of risk may be drawn and that any reasonable official would have been compelled to draw that inference; or (3) that the risk of harm is obvious. *Id.*

Demonstrating that the State acted with deliberate indifference is “a significantly high burden for plaintiffs to overcome.” *Hernandez v. Tex. Dep’t of Protective & Regulatory Servs.*, 380 F. 3d 872, 882 (5th Cir. 2004) (citation omitted). “To act with deliberate indifference a state actor must consciously disregard a known and excessive



Legal Standards for Public Knowledge
Page 2

risk to the victim's health and safety.” *Id.* at 880 (citation omitted). This is a degree of culpability beyond mere negligence or even gross negligence; it “must amount to an intentional choice, not merely an unintentionally negligent oversight.” *James v. Harris Cnty.*, 577 F.3d 612, 617-18 (5th Cir. 2009) (citation omitted). The State is not deliberately indifferent to a substantial risk of serious harm if, aware of the risk, it responds reasonably even if the harm ultimately was not averted. *Farmer v. Brennan*, 511 U.S. 825, 844 (1994).

The question is whether the state officials were aware of the policies/practices that created a substantial risk of harm to the child and did nothing in response. Where the State attempts a remedy that fails, a plaintiff cannot prove deliberate indifference.

Plaintiffs have explicitly stated that they “don’t argue that Defendants need to utilize “best practices” to avoid a finding of liability on constitutional grounds. Rather, Defendants’ practices are so deficient collectively that they are re-inflicting injury on the Plaintiffs.”

The Child Welfare Act (“CWA”) requires that a foster child’s case plan: (1) include a plan to provide safe, appropriate, and stable placements; (2) ensure that the child receives safe and proper care; and (3) ensures provision of services to parents, children, and foster parents to facilitate reunification or permanent placement elsewhere. It also requires that the case review system assure that placements are in the least restrictive (most family-like) and most appropriate setting available and in close proximity to the parents’ home, consistent with the best interest and special needs of the child.

The CWA defines “case plan” as:

- A description of the type of placement for the child;
- A plan for assuring that the child receives proper care and services are provided to the parents;
- Health and education records;



Legal Standards for Public Knowledge
Page 3

- A written description of the services to help prepare a child from foster care to adulthood;
- Steps taken to find an adoptive home; and
- A plan for ensuring educational stability.

The Americans with Disabilities Act prohibits the state from participating in or being denied the benefits of the State's services, programs, or activities. Nor can the state discriminate against children with disabilities.



PublicKnowledge

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Lakewood, NJ 08701-5995

September 17, 2021

Mr. Vivek Kothari
Markowitz Herbold
1455 SW Broadway, Suite 1900
Portland, OR 97201

Dear Mr. Kothari:

On behalf of the Public Knowledge team, I am pleased to submit the enclosed draft deliverable: *Assessment Methodology and Protocols* for the Oregon Child Welfare Review project. This document summarizes the information needed to conduct an independent review of Oregon's child welfare system, including the protocols for conducting interviews, focus groups, and disseminating an online survey.

We have enjoyed collaborating with your team on this deliverable and trust it meets the needs of the project. Please do not hesitate to reach out to me with any questions or comments.

Sincerely,

Allison Olson
Project Manager

Assessment Methodology and Protocols

For:
Oregon Child Welfare Review

Markowitz Herbold

September 17, 2021

PublicKnowledge
ADVISING GOVERNMENT AGENCIES

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1 Introduction

Oregon's Governor Kate Brown and Oregon Department of Human Services' (DHS) child welfare system and its leaders had a federal class action lawsuit filed against them in April 2019. The Oregon Department of Justice (DOJ) and the law firm Markowitz Herbold (MH) are representing the Governor and DHS. The state needs an independent reviewer to document the progress, if any, that DHS Child Welfare (CW) has made in improving the child welfare system since Public Knowledge completed the *Child Safety in Substitute Care Final Report* in 2016. The state asked Public Knowledge to collect information from its clients and assess that information to assist MH in providing legal advice to its clients.

Public Knowledge will conduct a thorough independent assessment of the Governor's Office and DHS' child welfare policies, procedures, leadership, and data, and document any progress CW has made to implement recommendations or address concerns through identifiable and credible strategies and processes. Our assessment team will collect and analyze primary and secondary data on the system, using findings from our 2016 *Child Safety in Substitute Care Final Report* as a baseline for many of the research questions that are derived from the legal pleadings. For the research questions that were not based on findings of the 2016 review, the baseline will be identified within the same time period. For example, Oregon completed Round 3 of the Child and Family Services Review (CFSR) in September 2016, so data will be included in this assessment that originated in the CFSR results.

1.1 Scope of the Independent Review

An independent review is an assessment of a policy, program, or system by an independent third party. The subject of this review is Oregon's Child Welfare system, led by the Oregon DHS and the Oregon Governor's Office.

The scope of this review includes all children under CW supervision, with particular focus on children in substitute care and those included in the subclasses in the pleadings.

1.1.1 Purpose

The purpose of the *Assessment Methodology and Protocols* is to ensure understanding of the strategies, tools, and techniques that the Public Knowledge independent review team will employ to conduct our independent review of Oregon's child welfare system. The *Assessment Methodology and Protocols* outlines the eleven research questions and accompanying inquiry questions that provide the framework for the assessment. The methodology and protocols include planned data sources, human participants, information sources, and methods of data analysis.

1.1.2 Independent Review Constraints and Assumptions

CONSTRAINTS

Every independent review of a program or system faces constraints due to factors outside the control of the review team. Below are our current known constraints. We anticipate we may encounter additional constraints once we begin our review and those will be documented appropriately.

COVID-19. The Public Knowledge review team faces limitations related to the global pandemic. Those include:

- Restrictions and precautions around in-person gathering mean that interviews, observations, and focus groups will likely be conducted online.
- Availability of stakeholders may be impacted by changes to work environments, schedules, and stress levels. Additionally, the regular business of CW is adapting to new needs arising from the pandemic, possibly increasing workloads, and decreasing availability for participation.
- Restrictions have been placed around aspects of the child welfare system during the pandemic, affecting timeliness of family meetings, court hearings, and family visitation.

Data gathered during this time period will be identified to acknowledge impacts to trends occurring prior to the pandemic.

Unknown trial date. The expected trial date for this case is unknown and subject to change due to myriad factors including restrictions related to COVID-19. Collecting data is a point-in-time activity. An extended time between collecting the data and presenting the findings could lead to less timely results.

ASSUMPTIONS

Every review project such as this one includes assumptions that define parameters for the project to progress as timely and be as comprehensive as possible. Our review is guided by the following assumptions:

Focus Area. The focus of our independent assessment is the Governor and CW, including its child welfare policies, procedures, leadership, and data.

Follow-Up from 2016. Research questions initially assessed during our 2016 Child Safety in Substitute Care review will be re-assessed to document any progress CW has made to implement recommendations or address concerns through identifiable and credible strategies and processes. Research questions not covered in our 2016 Child Safety in Substitute Care review will be investigated to determine the extent to which key staff and leaders within CW

are aware of the agency's performance and capacity in critical areas and are making attempts to address areas needing improvement through identifiable and credible strategies and processes.

Data. Participants in this review will provide requested data, reports, and other information in a timely manner.

Access. MH will help ensure the Public Knowledge team has access to the individuals or documents needed to gather data and inform the assessment. Key staff and leaders from the following organizations will make themselves available for interviews, focus groups, and survey participation: CW, Governor's Office, and DOJ. The MH project team and CW leadership will assist with introductions and requests for participation as needed, and CW leadership will assist with distribution lists for survey administration within the agency.

Data Collection and Analysis. Our team will have independence over the collection of primary data. We will collect primary data from individuals and groups within Oregon's child welfare system, which may include providers, agency staff, partners, and others as identified. Qualitative data collection and analysis will include both primary and secondary sources, and any quantitative data collection and analysis will be from secondary sources. CW representatives will assist in providing appropriate data.

Findings. Public Knowledge's findings will be based on facts and our judgement regarding any progress CW has made to implement recommendations or address concerns through identifiable and credible strategies and processes. Recommendations for improvement or advice are not included.

1.1.3 Contact Information

Questions about this document should be directed to Allison Olson at (208) 510-5161 or aolson@pubknow.com.

1.2 Guiding Principles

The independent review team will use the following guiding principles throughout the assessment process:

- **Measure progress by incremental effort and improvement.** Progress does not require achievement of a particular outcome or standard, but rather improvement from the baseline indicated at the outset of the identified timeframe.
- **Consider the implications for all children under CW supervision.** The scope of the assessment includes all children under CW supervision, with particular focus on children in

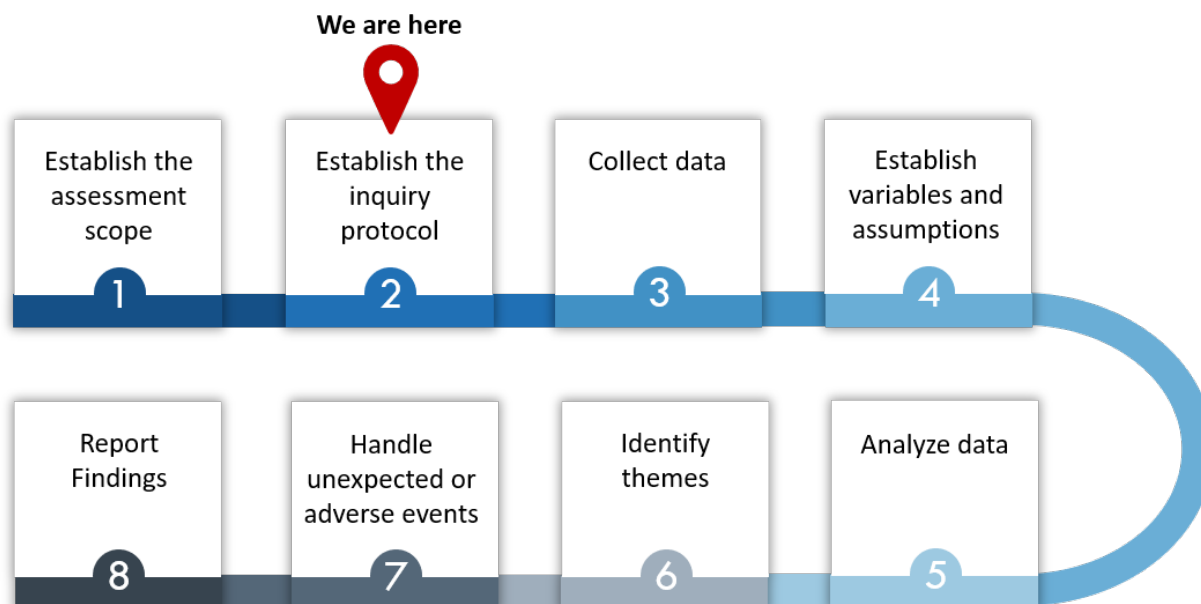
substitute care. Specific consideration for each question will be given to members of each subclass referenced in the pleadings.

- **Use a child-driven perspective.** Be guided first and foremost by the child experience. The goal of this review is to recognize systemic improvements that have been made to improve the experience of children in CW supervision and keep them safe throughout the duration of their case.
- **Measure improvements in agency culture by the increased prioritization of child safety.** Leadership drives agency culture through development and implementation of its mission and vision. The agency culture will be considered through the lens of how well the agency implements its mission and vision through its commitment to prioritizing child safety in policies, rules, and procedures. Leadership messaging, communications, priorities identified in continuous quality improvement processes, and allocation of staff resources will also be evaluated. Organizational culture is a difficult concept to quantify, so progress in the agency culture will be considered through a lens of the commitment to prioritizing child safety in policies, rules, and laws.
- **Base findings on facts and be transparent about our sources.** Throughout this review, we will begin with facts and data where possible and corroborate with qualitative data. We will also include the perceptions of stakeholders as a data source to share their experiences in the child welfare system and how those perceptions influence policy and systems change. We will communicate how we use information provided to us.
- **Apply systems thinking to see the whole picture.** We have included a lengthy list of subtopics in this review to meaningfully research the overarching question of improving safety for children in foster care. We believe the topics covered by the research questions encompass the salient aspects of the child welfare system and will allow us to comprehensively assess system improvements and areas still needing attention.

1.3 Methodology Overview

This assessment will follow Public Knowledge's standard methodology, which includes establishing the assessment scope, establishing the inquiry protocol, collecting data, establishing variables and assumptions, analyzing data, identifying themes, handling unexpected or adverse events, and reporting of findings or conclusions. Working through this methodology will ensure the high-quality review and assessment required. A full overview of the methodology is found in Section 5 of this document and is summarized in the graphic representation of the methodology, shown in the following figure.

Figure 1.1 Assessment Methodology



1.4 Key Terms

Key terms are used to define language that has specific meaning to the documentation reviewed and completed as part of this assessment methodology. A complete list with source references can be found in Appendix A.

1.5 Entities Referenced

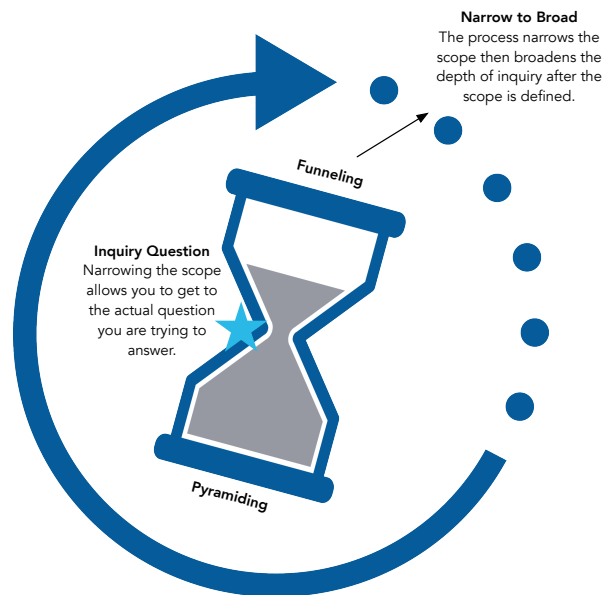
Entities include all governmental or non-governmental groups or organizations specifically referenced in the documentation reviewed and completed as part of this assessment methodology. A complete list of entities referenced can be found in Appendix B.

2 Selection of Research Questions

To develop the research questions for this assessment, we began with the overarching topic of keeping children safe while they are under the supervision of CW, whether they remain in their homes or are placed in substitute care. Following a thorough review of the pleadings, the Public Knowledge 2016 *Child Safety in Substitute Care Independent Review Final Report*, and supporting documents, we identified a broad list of topic areas, represented by the top of the hourglass in Figure 2.1 below. From these, we narrowed our focus on each aspect of the child welfare system to build the eleven research questions, represented by the narrowest part of the hourglass. We then expanded on these to develop a comprehensive set of inquiry questions, represented by the bottom of the hourglass in Figure 2.1.

Figure 2.1 Approach to Developing Research Questions

Public Knowledge Approach to Developing Research Questions



The research questions, detailed in Section 4, will evaluate the following:








1. Safety for children under CW supervision
2. The organizational culture of CW
3. Data-driven decision-making and quality of services offered
4. Foster parent recruitment, retention, and support of substitute care providers
5. Permanence for children in substitute care
6. Permanency planning

7. Individualized assessments for children and families
8. Service provision based on assessed needs
9. Case planning
10. Family connections for children in substitute care
11. CW staffing resources

3 Seven-Element Inquiry Protocol Overview

The purpose of the Seven-Element Protocol is to ensure understanding of the strategies, tools, and techniques the review team will employ to conduct a comprehensive assessment. The seven elements of the protocol are included for each selected research question, below.

Figure 3.1 Seven-Element Inquiry Protocol

	Inquiry Questions	Defines the inquiry questions that explore the topic elements for each Research Question	1
	Method of Inquiry	Details the methods employed to explore the inquiry questions and the methods for analyzing the collected data	2
	Universal Participants	Describes all stakeholders or populations impacted by the inquiry questions	3
	Representative Sample of Participants	Describes the representative sample of the universal participants used in this assessment	4
	Data Elements	Details the data sources required to explore the inquiry questions	5
	Preliminary Data Sources	Lists all preliminary sources planned for review	6
	Types of Regulation, Documentation, and Information Sources	Lists all sources planned for review	7

4 Research Questions and Protocols


This section includes detailed protocols for each of the 11 research questions.

4.1 Question 1: Whether CW made progress during the identified timeframe to improve safety for children under CW supervision.

This question forms the basis for the review, as ensuring child safety is the primary function of the child welfare system. A significant portion of the pleadings in this case are related to the safety of children involved in child welfare, and this question illustrates the breadth and depth of considerations for keeping children safe while under CW supervision.

Table 4.1 Research Question 1 Protocol

Whether CW made progress during the identified timeframe to improve safety for children under CW supervision.

Protocol Element	Detailed Description or List
 Inquiry Questions	<ul style="list-style-type: none"> • Has CW responded to maltreatment reports within the required timeframe? • How soon does CW complete face-to-face contact with children following a maltreatment report? • Does CW adequately assess safety thresholds and safety concerns of children in their homes during intake, initial assessments, and safety assessments, and throughout the life of the case? • Does CW adequately address safety threats and safety concerns of children in their homes? • Does CW adequately assess safety threats and safety concerns of children in substitute care? • Does CW adequately address safety threats and safety concerns of children in substitute care? • Does CW meet federal requirements for caseworker contacts with children in substitute care? • Does CW meet state requirements for caseworker contacts with children in substitute care? • Does CW meet standards for quality caseworker contacts with children in substitute care? • Does CW meet state requirements for caseworker contacts with parents of children in substitute care?

Whether CW made progress during the identified timeframe to improve safety for children under CW supervision.

- Does CW meet standards for quality caseworker contacts with parents of children in substitute care?
 - Does CW effectively manage caseloads to adequately meet the needs of children and families?
 - Does CW adequately address safety concerns of children in substitute care within required timeframes?
 - Has the rate of maltreatment for children in substitute care decreased?
 - Does CW adequately assess out-of-state facilities to determine the appropriateness of placing children?
 - Does CW appropriately supervise placements of children in out-of-state facilities?
 - Has CW centralized and standardized reporting, screening, and assessments statewide?
 - Does CW maintain the confidentiality of reports of abuse in care?
 - Did CW redesign the process of responding to allegations of abuse and neglect regarding children in substitute care?
 - Is the process of responding to allegations of abuse and neglect regarding children in substitute care transparent?
 - Does CW standardize the response to allegations of maltreatment for children in substitute care?
 - Does CW consistently share safety information across entities?
 - What is CW's policy on protecting the confidentiality of children who identify as LGBTQIA+?
 - Does CW consistently distinguish between allegations of abuse and critical incidents?
 - Has CW standardized the protocol for "closed at screening"?
 - Does CW ensure that requirements are met when recruiting, certifying, and monitoring foster parents?
 - Does CW comply with federal background check requirements during certification and oversight of substitute care providers?
-

Whether CW made progress during the identified timeframe to improve safety for children under CW supervision.

- Does CW address safety threats or safety concerns raised in a substitute care placement?
- Does CW have policies and procedures in place to guide staff on safety practices?
- Does CW provide training and coaching to staff about best practices in safety for children under CW supervision?
- Does CW utilize a case review process to measure progress on improving safety for children under CW supervision?
- Does CW have in place quality assurance processes for monitoring safety for children under CW supervision?
- Does CW leadership advocate for safety for children under CW supervision?



Methods of Inquiry

- Interviews
- Focus Groups
- Data Analysis
- Document and Regulation Review
- Surveys



Universal Participants

- Governor's Office
- Child Welfare (CW) Leadership
- Central Office
- District Managers
- Managers
- Supervisors
- Field Staff
- Consultants
- Data Representative



Representative Sample of Participants

- Interviews: representatives from the Governor's office, and CW leadership and managers
 - Focus Groups: caseworkers, supervisors, and managers from all areas of Oregon, safety consultants and central office staff representatives
 - Survey: managers, supervisors, and field staff from all areas of Oregon
-

Whether CW made progress during the identified timeframe to improve safety for children under CW supervision.



Data Elements

- Average number of hours between maltreatment report and face-to-face contact
- % of cases meeting the required timeframes for safety
- % of cases with completed risk and safety assessments in compliance with requirements
- % of cases with recurrent maltreatment reports
- % of cases with recurrent maltreatment reports in the same placement
- Components of safety plans
- % of cases that meet federal requirements on caseworker contact
- % of cases meeting quality caseworker contact standards
- Average number of cases per caseworker
- Type of cases per caseworker
- Timeliness of hearings, determinations, reporting timelines
- Rate of maltreatment for children in substitute care
- Number of children placed in out-of-state facilities
- Out-of-state facilities used by CW
- Documentation of out-of-state placement supervision efforts, including children and facility
- Reports from out-of-state facilities
- Statewide regulations and policies
- Centralized statewide process or system
- Policy language around confidentiality of reports
- Documentation of risk or safety concerns and safety plans



Preliminary Data Sources

- National Child Abuse and Neglect Data System (NCANDS)
 - Statewide Automated Child Welfare Information System (SACWIS)/Comprehensive Child Welfare Information System (CCWIS)/Results Oriented Management (ROM)
 - Adoption and Foster Care Analysis and Reporting System (AFCARS)
 - Child and Family Services Review (CFSR)
 - Child and Family Services Plan (CFSP)
 - Annual Progress and Service Report (APSR)
-

Whether CW made progress during the identified timeframe to improve safety for children under CW supervision.

- National Electronic Interstate Compact Enterprise (NEICE)
 - Public Knowledge *2016 Child Safety in Substitute Care Independent Review Final Report*
 - Oregon Quality Assurance Reports
-





Types of Regulation, Documentation, and Information Sources

- Meeting Agendas and Minutes
 - Federal Reports
 - Oregon State Reports
 - Oregon Non-State Reports
 - Policies and Procedures
 - Regulations
-






4.2 Question 2: Whether CW made progress during the identified timeframe to improve the agency culture.

The organizational culture at CW impacts all aspects of the child welfare system, including perspectives on the importance of child safety, staff longevity, and the ways in which agency leadership models the values and mission of the agency. This question addresses concerns outlined in the pleadings regarding the influence of agency culture on the safety of children and the delivery of services to families.

Table 4.2 Research Question 2 Protocol

Whether CW made progress during the identified timeframe to improve the agency culture.	
Protocol Element	Detailed Description or List
 Inquiry Questions	<ul style="list-style-type: none"> • In what ways is safety prioritized in decision making for children in substitute care? • In what ways are CW staff encouraged to speak up with safety concerns regarding children in substitute care? • Do CW staff feel comfortable raising concerns? • Do CW staff know how to escalate concerns about safety issues? • Does CW respond according to policies and procedures to maltreatment reports from children in substitute care? • Does CW communicate the importance of child safety for children in substitute care? • In what ways does CW advocate for a safety culture among its workforce? • Does CW use Organizational Change Management processes and structures? • In what ways do CW executives model leadership skills and behaviors? • Do CW' nondiscrimination policies include considerations of sexual orientation, gender identity, and gender expression (SOGIE)?
 Methods of Inquiry and Data Analysis	<ul style="list-style-type: none"> • Document and Regulation Review • Interviews • Observation • Focus Groups


Whether CW made progress during the identified timeframe to improve the agency culture.

		<ul style="list-style-type: none"> • Surveys
	Universal Participants	<ul style="list-style-type: none"> • Governor's Office • Child Welfare (CW) Leadership • Central Office • District Managers • Managers • Supervisors • Field Staff • Consultants • Data Representative
	Representative Sample of Participants	<ul style="list-style-type: none"> • Interviews: representatives from the Governor's office, and CW leadership, managers, and data staff • Focus Groups: caseworkers, supervisors, and managers from all areas of Oregon, safety and adoption consultants, and central office staff representatives • Survey: managers, supervisors, and field staff from all areas of Oregon
	Data Elements	<ul style="list-style-type: none"> • Confirm safety culture language in communications, policies, procedures, and CQI processes
	Preliminary Data Sources	<ul style="list-style-type: none"> • SACWIS/CCWIS/ROM • Public Knowledge 2016 <i>Child Safety in Substitute Care Independent Review Final Report</i> • CFSP • Program Improvement Plan (PIP) • Learning Management System (LMS)
	Regulation, Documentation, and Information Sources	<ul style="list-style-type: none"> • Federal Reports • Oregon State Reports • Policies and Procedures • Meeting Agendas and Notes • Communications (Emails, Memos)

4.3 Question 3: Whether CW made progress during the identified timeframe to improve data driven decision making and quality of services.

Recent trends in child welfare have emphasized the importance of using data to inform and drive decision making for children and families. This question allows us to assess how CW is collecting and using data to support and inform the planning for children and families, including the use of a comprehensive continuous quality improvement process.

Table 4.3 Research Question 3 Protocol

Whether CW made progress during the identified timeframe to improve data-driven decision-making and quality of services.	
Protocol Element	Detailed Description or List
 Inquiry Questions	<ul style="list-style-type: none"> • Does CW enter data accurately into OR-Kids? • Does CW enter data timely into OR-Kids? • Is case information entered or tracked outside of OR-Kids? • How does CW identify and document children who identify as LGBTQIA+? • Does CW have a Data Quality Plan? • Does CW follow their Data Quality Plan? • Does CW use data to inform the development of new or revised practices, policies, and procedures? • Does CW have policies and procedures in place to guide staff on how to make decisions based on data? • Does CW have policies and procedures in place to guide staff on improving the quality of services? • Does CW have a continuous quality improvement process that includes leadership support, leadership modeling, staff and stakeholder engagement, communication, oversight, data collection, case record reviews, and use of the findings? • Does CW engage in continuous quality improvement processes at the state, district, and county levels? • What does the CQI process look like at each level? • Does CW conduct effective evaluations of the quality of services offered by external service providers? • Does CW use the evaluations of the quality of services to improve service delivery to families?

Whether CW made progress during the identified timeframe to improve data-driven decision-making and quality of services.

	<ul style="list-style-type: none"> • Does CW utilize performance-based contracting with its external service providers? • Does CW provide training and coaching for staff on how to use data to drive decisions and improve quality of services? • Does CW have a case review system in place to inform decision making and improve the quality of services? • Does CW collaborate with service providers to share feedback from case reviews?
 <p>Methods of Inquiry and Data Analysis</p>	<ul style="list-style-type: none"> • Interviews • Focus Groups • Surveys • Data Analysis • Document and Regulation Review
 <p>Universal Participants</p>	<ul style="list-style-type: none"> • Child Welfare (CW) Leadership • Central Office • District Managers • Managers • Supervisors • Field Staff • Consultants • Data Representative
 <p>Representative Sample of Participants</p>	<ul style="list-style-type: none"> • Interviews: representatives from the Governor's office, CW leadership, managers, and data staff • Focus Groups: caseworkers, supervisors, and managers from all areas of Oregon, and central office staff representatives • Survey: managers, supervisors, and field staff from all areas of Oregon
 <p>Data Elements</p>	<ul style="list-style-type: none"> • % decrease in data errors or missing data in OR-Kids • List of supplemental databases • Components of the Data Quality Plan • Documentation of CQI processes • Meeting minutes

Whether CW made progress during the identified timeframe to improve data-driven decision-making and quality of services.

**Preliminary Data Sources**

- CFSR
- Oregon Quality Assurance Reports
- SACWIS/CCWIS/ROM
- Oregon DHS CW Data Quality Plan
- CFSP
- APSR


**Regulation, Documentation, and Information Sources**

- Oregon State Reports
- Federal Reports
- CW Policies and Procedures
- Meeting Agendas and Notes

4.4 Question 4: Whether CW made progress during the identified timeframe to improve foster parent recruitment, retention, and the support of substitute care providers.

The pleadings highlight a need for improvements in the support of substitute care providers, including both foster parents and congregate care providers, beginning with recruitment and continuing with ongoing support. This question evaluates how CW continually and consistently supports providers, including offering sufficient training, services, and ensuring appropriate matching of children to their placement providers.

Table 4.4 Research Question 4 Protocol

Whether CW made progress during the identified timeframe to improve foster parent recruitment, retention, and the support of substitute care providers.	
Protocol Element	Detailed Description or List
 Inquiry Questions	<ul style="list-style-type: none"> • Does CW recruit and retain foster parents who are able to meet the identified needs of children in substitute care? • Does CW recruit and retain appropriate child-specific providers, including kith and kin, to care for the number of children who need such placements? • Does CW maintain an appropriate number of foster homes to house the number of children who need to be placed in substitute care? • Does CW provide initial training to substitute care providers to ensure they can meet the identified needs of children? • Does CW provide ongoing training to substitute care providers specific to the needs of the children for whom they are caring? • Does CW adequately assess the ability of substitute care providers to ensure the appropriate care and supervision of children? • Does CW provide appropriate services and support to substitute care providers to ensure children are adequately cared for and supervised? • Does CW diligently recruit substitute care providers who reflect the ethnicity and race of children in substitute care?

Whether CW made progress during the identified timeframe to improve foster parent recruitment, retention, and the support of substitute care providers.

- Does CW recruit and retain substitute care providers who can care for children who identify as LGBTQIA+?
- Does CW recruit and retain substitute care providers who can care for children who are living with high needs?
- How does CW oversee the contracted placements for children living with high needs?
- Does CW track, at the state and local levels, the current capacity for substitute care providers?
- Does CW track the skills and capabilities of substitute care providers to ensure appropriate matching for children and their placement providers?
- Has CW increased reimbursement rates for substitute care providers?
- Does CW prioritize the use of the least restrictive placement?
- Does CW have or oversee a statewide recruitment, retention, and support plan for substitute care providers?
- Does CW use data to inform their statewide recruitment, retention, and support plan for substitute care providers?
- Does CW have policies and procedures for staff regarding the recruitment, retention, and support of substitute care providers?
- Does CW provide training and coaching for staff on best practices for the recruitment, retention, and the support of substitute care providers?
- Does CW utilize a case review process to identify lessons learned in the recruitment, retention, and the support of substitute care providers?
- Does CW leadership support the recruitment, retention, and support of substitute care providers?



Methods of Inquiry
and Data Analysis

- Interviews
 - Focus Groups
 - Data Analysis
 - Document and Regulation Review
 - Surveys
-

Whether CW made progress during the identified timeframe to improve foster parent recruitment, retention, and the support of substitute care providers.



Universal Participants

- Child Welfare (CW) Leadership
- Central Office
- District Managers
- Managers
- Supervisors
- Field Staff
- Consultants
- Data Representative



Representative Sample of Participants

- Interviews: CW leadership, managers, and data staff
- Focus Groups: caseworkers, supervisors, and managers from all areas of Oregon, adoption consultants, and central office staff representatives
- Survey: managers, supervisors, and field staff from all areas of Oregon



Data Elements

- Matching of Levels of Care (LOC) and Level of Need (LON)
- Population of children in substitute care
- Current vacancies in substitute care placements
- Matching of LOC and LON
- Demographics of children in substitute care and of substitute care providers
- Reimbursement rates for all provider types
- Proportion of children in substitute care to number of foster parents



Preliminary Data Sources

- SACWIS/CCWIS/ROM
- CFSP
- APSR
- Oregon Quality Assurance Reports
- Learning Management System (LMS)
- CFSR



Regulation, Documentation, and Information Sources


- Federal Reports
 - Oregon State Reports
 - Policies and Procedures
 - Regulations
-

4.5 Question 5: Whether CW made progress during the identified timeframe to improve permanence for children in substitute care.

Permanence is one of the three pillars of child welfare, along with safety and well-being, and is the goal for every child in substitute care. This question addresses whether CW consistently strives for timely permanence for every child in substitute care.

Table 4.5 Research Question 5 Protocol

Whether CW made progress during the identified timeframe to improve permanence for children in substitute care.

Protocol Element	Detailed Description or List
 Inquiry Questions	<ul style="list-style-type: none"> • Does CW conduct ongoing searches for relatives of children in substitute care? • Does CW frequently use temporary placements for children in substitute care? • Does CW prioritize the placement of children with relatives? • Does CW utilize guardianships? • Has placement stability in Oregon improved? • Has time to permanence improved? • Does CW pursue termination of parental rights as required by federal law? • Does CW adequately assess prospective adoptive parents to determine an appropriate match? • Does CW collaborate with the courts to ensure timely permanency hearings? • Does CW hold timely permanency reviews? • In what ways does CW make concerted efforts to achieve permanence in a timely manner? • Does CW change permanency plan goals in a timely manner according to state requirements? • Has time to the termination of parental rights (TPR) improved? • Does CW recommend placement decisions based on the identified needs and permanency plan of the child?

Whether CW made progress during the identified timeframe to improve permanence for children in substitute care.

- Does CW appropriately match children to substitute care placements based on the needs of the child and the capability of the providers?
- Does CW meet state requirements for using the CANS to determine the Level of Need (LON) for children in care?
- Does CW meet state requirements for using the CANS to establish reimbursement rates for providers?
- Does CW follow federal requirements for placement preferences for Native American or Alaska Native children?
- Does CW have policies and procedures in place to facilitate improving permanence for children in substitute care?
- Does CW provide training and coaching to staff on best practices for improving permanence for children in substitute care?
- Does CW utilize a case review process to understand and improve barriers and strengths regarding permanence for children in substitute care?
- Does CW leadership encourage improving permanence for children in substitute care?



Methods of Inquiry
and Data Analysis

- Interviews
- Focus Groups
- Data Analysis
- Document and Regulation Review
- Surveys



Universal Participants




- Child Welfare (CW) Leadership
- Central Office
- District Managers
- Managers
- Supervisors
- Field Staff
- Consultants
- Data Representative



Representative Sample
of Participants

- Interviews: CW leadership, managers, and data staff



Whether CW made progress during the identified timeframe to improve permanence for children in substitute care.

	<ul style="list-style-type: none"> • Focus Groups: caseworkers, supervisors, and managers from all areas of Oregon, adoption consultants, and central office staff representatives • Survey: managers, supervisors, and field staff from all areas of Oregon
 <p>Data Elements</p>	<ul style="list-style-type: none"> • % decrease of children in temporary placements • % of children in relative placements • Placement stability rate • Timeliness of permanency • Timeliness of reunification • Use of Trial Home Visits • Timeliness of TPR filings • Timeliness of TPR hearings • Timelines from TPR filing to termination to adoption • Disrupted adoptions • Timeliness of permanency hearings and reviews • Timeliness of TPR finalization • LON & LOC data
 <p>Preliminary Data Sources</p>	<ul style="list-style-type: none"> • SACWIS/CCWIS/ROM • AFCARS • NCANDS • APSR • Circuit Court Juvenile Dependency Statistics
 <p>Regulation, Documentation, and Information Sources</p>	<ul style="list-style-type: none"> • Federal Reports • Oregon State Reports • Policies and Procedures • Regulations

4.6 Question 6: Whether CW made progress during the identified timeframe to improve permanency planning.

Permanency planning is the mechanism by which CW achieves permanence for children in substitute care, and this question builds upon the previous one regarding the prioritization of permanence. Here we will evaluate the extent to which CW appropriately identifies permanency goals and urgently pursues them throughout a child's time in substitute care.

Table 4.6 Research Question 6 Protocol

Whether CW made progress during the identified timeframe to improve permanency planning.	
Protocol Element	Detailed Description or List
 Inquiry Questions	<ul style="list-style-type: none"> • Does CW identify permanency goals appropriate to the needs of the child? • Does CW create permanency plans based on the identified needs of the child? • Does CW meet requirements for reviewing and updating permanency plans? • Does CW recommend changes in placement based on the identified needs and permanency plan of the child? • Does CW collaborate with families and children to identify and improve barriers regarding permanency planning? • Does CW collaborate with the courts to identify and eliminate barriers regarding permanency planning? • Does CW have policies and procedures in place to guide staff on permanency planning? • Does CW provide training and coaching to staff on how to plan for permanency for children and families? • Does CW utilize a case review process to understand and improve barriers and strengths in permanency planning? • Does CW leadership advocate for improving permanency planning?
 Methods of Inquiry and Data Analysis	<ul style="list-style-type: none"> • Interviews • Focus Groups • Surveys • Document and Regulation Review

Whether CW made progress during the identified timeframe to improve permanency planning.

- Data Analysis



Universal Participants

- Central Office
- District Managers
- Managers
- Supervisors
- Field Staff



Representative Sample of Participants

- Interviews: CW managers
- Focus Groups: caseworkers, supervisors, and managers from all areas of Oregon, and central office staff representatives
- Survey: supervisors and field staff from all areas of Oregon



Data Elements

- Policy language regarding review and updating of permanency plans



Preliminary Data Sources

- SACWIS/CCWIS/ROM
- CFSR
- APSR
- CFSP



Regulation, Documentation, and Information Sources


- Oregon State Reports
 - Federal Reports
 - Policies and Procedures
 - Regulations
 - Meeting Agendas and Notes
-

4.7 Question 7: Whether CW made progress during the identified timeframe to improve individualized assessments for children and families.

Comprehensive assessments are crucial to understand the needs and strengths of children and their families, and the pleadings reference various instances where such assessments were not conducted. This question will address whether these assessments are being offered and completed consistently for all children and their families.

Table 4.7 Research Question 7 Protocol

Whether CW made progress during the identified timeframe to improve individualized assessments for children and families.

Protocol Element	Detailed Description or List
 Inquiry Questions	<ul style="list-style-type: none"> • Does CW ensure completion of safety and comprehensive assessments for all children? • Does CW ensure completion of safety and comprehensive assessments for parents? • Does CW ensure completion of safety and comprehensive assessments for foster parents? • Does CW ensure completion of contracted assessments? • Does CW have a mechanism to evaluate the provision of assessments? • Does CW identify necessary services for children based on the assessment(s)? • Does CW identify necessary services for parents based on the assessment(s)? • Does CW identify necessary services for substitute care providers based on the assessment(s)? • Does CW have policies and procedures in place for conducting individualized assessments for children and families? • Does CW provide training and coaching to staff in assessing individuals, including children and families? • Does CW utilize a case review process to inform and improve individualized assessments for children and families? • Does CW leadership encourage individualized assessments for children and families?

Whether CW made progress during the identified timeframe to improve individualized assessments for children and families.



Methods of Inquiry
and Data Analysis

- Interviews
- Focus Groups
- Data Analysis
- Document and Regulation Review



Universal Participants

- Central Office
- District Managers
- Managers
- Supervisors
- Field Staff
- Consultants
- Data Representative



Representative Sample
of Participants

- Interviews: CW training manager and data staff
- Focus Groups: caseworkers, supervisors, and managers from all areas of Oregon, and central office staff representatives
- Survey: supervisors and field staff from all areas of Oregon



Data Elements

- % of cases with completed assessments in compliance with requirements.
- % of cases with identified needs and services provided for each of those needs.
- % of cases with physical health needs assessed.
- % of cases with physical health needs identified.



Preliminary Data
Sources

- CFSR
- SACWIS/CCWIS/ROM




Regulation,
Documentation, and
Information Sources

- Oregon State Reports
-

4.8 Question 8: Whether CW made progress during the identified timeframe to improve service provision that meets the assessed needs of children and families.

CW has access to a variety of services that can meet the needs of children and families and lead to improved outcomes. These services must be provided based on needs identified in the assessments discussed in the previous question. This question is focused on whether CW provides services to children and families based specifically on the needs described in those assessments.

Table 4.8 Research Question 8 Protocol

Whether CW made progress during the identified timeframe to improve service provision that meets the assessed needs of children and families.	
Protocol Element	Detailed Description or List
 Inquiry Questions	<ul style="list-style-type: none"> • Does CW maintain a sufficient capacity of substitute care placements to serve children living with high needs? • Does CW provide appropriate services to meet children's identified needs? • Does CW provide appropriate services to meet the identified needs of children who identify as LGBTQIA+? • Does CW maintain a statewide service array that ensures their ability to meet the identified needs of children and families? • Does CW provide services and supports to the family throughout the duration of the case to prepare for reunification? • Does CW provide in-home services to families post-reunification to prevent re-entry into substitute care? • Does CW address the underlying conditions for removal before returning children to their parents' care? • Does CW adequately assess independent living skills? • Does CW provide services based on the assessment of a youth's independent living skills and needs? • Does CW provide services necessary to parents so they can achieve case goals?

Whether CW made progress during the identified timeframe to improve service provision that meets the assessed needs of children and families.

- Does CW provide services necessary to parents to support them meeting their conditions for return?
- Does CW provide services to address all physical health needs of children?
- Does CW provide services to address educational needs of children?
- Does CW ensure that behavioral health services are being delivered to meet case plan goals?
- Has CW developed a continuum of care options for children in substitute care?
- In what ways does CW provide safe spaces for youth who identify as LGBTQIA+?
- In what ways does CW provide services that address sexuality, gender-based needs, and the process of coming out for LGBTQIA+ youth?
- Does CW partner with the Oregon Health Authority to identify and improve systemic barriers regarding access to services?
- Does CW partner with Oregon Coordinated Care Organizations to identify and improve systemic barriers regarding access to services?
- Does CW have policies and procedures in place to assist staff in providing services to meet the needs of children and families?
- Does CW provide training and coaching to staff on how to work with providers in delivering services to meet the needs of children and families?
- Does CW utilize a case review process to inform and improve the barriers and strengths in providing services to meet the needs of children and families?
- Does CW leadership advocate for providing services to meet the needs of children and families?
- Does CW have a mechanism to evaluate the services provided to children and families?



**Methods of Inquiry
and Data Analysis**

- Data Analysis
 - Document and Regulation Review
 - Focus Groups
 - Surveys
-

Whether CW made progress during the identified timeframe to improve service provision that meets the assessed needs of children and families.



Universal Participants

- Governor's Office
- Child Welfare (CW) Leadership
- Central Office
- District Managers
- Managers
- Supervisors
- Field Staff
- Consultants
- Data Representative



Representative Sample of Participants

- Interviews: representatives from the Governor's office, and CW leadership, managers, and data staff
- Focus Groups: caseworkers, supervisors, and managers from all areas of Oregon, consultants, and central office staff representatives
- Survey: managers, supervisors, and field staff from all areas of Oregon



Data Elements

- % of cases with medical and dental services being provided
- % of cases with a completed independent living plan
- Policy language



Preliminary Data Sources

- SACWIS/CCWIS/ROM
- CFSR
- NCANDS
- National Youth in Transition Database (NYTD)




Regulation, Documentation, and Information Sources

- Federal Reports
 - Oregon State Reports
 - Policies and Procedures
-


4.9 Question 9: Whether CW made progress during the identified timeframe to improve case planning.

All children are entitled to a comprehensive case plan that guides the decision-making process throughout the period for which they are under CW supervision. To be comprehensive, this case plan must include input from the child and their family. This question examines whether case plans are inclusive and appropriate.

Table 4.9 Research Question 9 Protocol

Whether CW made progress during the identified timeframe to improve case planning.	
Protocol Element	Detailed Description or List
 Inquiry Questions	<ul style="list-style-type: none"> • Does CW develop comprehensive case plans with adequate detail to meet the identified needs of the child and family? • Does CW ensure that services are provided as recommended in the case plan? • Does CW meet state requirements for creating case plans? • Does CW meet state requirements for updating case plans? • Does CW adequately involve families throughout the case planning process? • Does CW adequately involve tribes throughout the case planning process? • Does CW meet state requirements for completing in-home safety plans? • Does CW meet state requirements for updating in-home safety plans? • Does CW have policies and procedures in place that guide staff on case planning? • Does CW provide training and coaching for staff on best practices in case planning? • Do CW supervisors provide feedback to caseworkers on case plans? • Does CW utilize case review processes for identifying and improving barriers to case planning? • Does CW leadership advocate for improving case planning?

Whether CW made progress during the identified timeframe to improve case planning.


	Methods of Inquiry and Data Analysis	<ul style="list-style-type: none"> • Interviews • Focus Groups • Data Analysis • Surveys • Document and Regulation Review
	Universal Participants	<ul style="list-style-type: none"> • Central Office • District Managers • Supervisors • Field Staff
	Representative Sample of Participants	<ul style="list-style-type: none"> • Focus Groups: caseworkers, supervisors, and managers from all areas of Oregon, and central office staff representatives • Survey: supervisors and field staff from all areas of Oregon
	Data Elements	<ul style="list-style-type: none"> • Timeliness of completion and updates of the Child Welfare Case Plan
	Preliminary Data Sources	<ul style="list-style-type: none"> • SACWIS/CCWIS/ROM • APSR • CFSP
	Regulation, Documentation, and Information Sources	<ul style="list-style-type: none"> • Oregon State Reports • Policies and Procedures • Regulations • Federal Reports

4.10 Question 10: Whether CW made progress during the identified timeframe to preserve and improve connections between children in substitute care and their families and communities.







When children are removed from their families and placed into substitute care, they experience the trauma of removal and the trauma of separation from their siblings and parent(s). CW has a responsibility to maintain those connections as safely and appropriately as possible, and this question examines the extent to which CW does this consistently.

Table 4.10 Research Question 10 Protocol

Whether CW made progress during the identified timeframe to improve connections between children in substitute care and their families.

Protocol Element	Detailed Description or List
 Inquiry Questions	<ul style="list-style-type: none"> • Does CW allow for sufficient and quality family interactions between children and parents to preserve family connections? • Does CW facilitate sufficient family interaction to prepare parents and children for reunification? • Does CW maintain the child's connections to their community, faith, extended family, tribe, and school? • Does CW facilitate contact between children and their siblings in accordance with the Family Support Services Case Plan? • Does CW prioritize placing siblings together when possible and appropriate? • Does CW have policies and procedures in place for staff for facilitating connections between children in substitute care and their families? • Does CW have policies and procedures in place for facilitating connections to a child's community, faith, extended family, tribe, and school? • Does CW have policies and procedures in place for placing sibling together or facilitating connections with siblings? • Does CW provide training and coaching for staff on best practices for maintaining connections with children, their families (including siblings), and their community, faith, extended family, tribe, and school?




Whether CW made progress during the identified timeframe to improve connections between children in substitute care and their families.

		<ul style="list-style-type: none"> • Does CW utilize a case review process that informs and improves connections with children, their families (including siblings), and their community, faith, extended family, tribe, and school? • Does CW leadership encourage improving connections between children in substitute care and their families?
	Methods of Inquiry and Data Analysis	<ul style="list-style-type: none"> • Interviews • Focus Groups • Surveys • Data Analysis • Document and Regulation Review
	Universal Participants	<ul style="list-style-type: none"> • Central Office • District Managers • Supervisors • Field Staff
	Representative Sample of Participants	<ul style="list-style-type: none"> • Focus Groups: caseworkers, supervisors, and managers from all areas of Oregon, and central office staff representatives • Survey: supervisors and field staff from all areas of Oregon
	Data Elements	<ul style="list-style-type: none"> • % of cases with quality visits documented • % of cases with documented reunification visits, confirmation of policy requirements • % of cases with documented connections to child's community of origin (community, faith, extended family, tribe, and school) • % of cases with regular visitation with siblings
	Preliminary Data Sources	<ul style="list-style-type: none"> • SACWIS/CCWIS/ROM • CFSR
	Regulation, Documentation, and Information Sources	<ul style="list-style-type: none"> • Oregon State Reports





4.11 Question 11: Whether CW made progress during the identified timeframe to improve staffing resources.

The pleadings identify a concern regarding the ability of CW to maintain a workforce that is fully able to meet the needs of children and families under their supervision. This includes retaining an adequate number of staff to work with children and families as well as ensuring caseloads are manageable. This question addresses the concerns regarding resources for the child welfare workforce.

Table 4.11 Research Question 11 Protocol

Whether CW made progress during the identified timeframe to improve staffing resources.	
Protocol Element	Detailed Description or List
 Inquiry Questions	<ul style="list-style-type: none"> • Does CW retain enough staff to adequately serve the children and families in CW custody? • Does CW provide support to its workforce to prevent staff turnover? • Does CW regulate caseloads for caseworkers to ensure they can meet the needs of children and families under their supervision? • Does CW meet state requirements in recruiting qualified caseworkers? • Does CW adequately train caseworkers prior to their direct work with families? • Does CW adequately train caseworkers on an ongoing basis? • How does CW track training provided to caseworkers? • In what ways does CW provide adequate supervision to child welfare caseworkers and middle managers?
 Methods of Inquiry and Data Analysis	<ul style="list-style-type: none"> • Interviews • Surveys • Data Analysis • Focus Groups • Document and Regulation Review
 Universal Participants	<ul style="list-style-type: none"> • Governor's Office • Child Welfare (CW) Leadership • Central Office

Whether CW made progress during the identified timeframe to improve staffing resources.

		<ul style="list-style-type: none"> • District Managers • Supervisors • Field Staff • Consultants • Data Representative
	Representative Sample of Participants	<ul style="list-style-type: none"> • Interviews: representatives from the Governor's office, and CW leadership, managers, and data staff • Focus Groups: caseworkers, supervisors, and managers from all areas of Oregon, consultants, and central office staff representatives • Survey: supervisors and field staff from all areas of Oregon
	Data Elements	<ul style="list-style-type: none"> • Number of children in care • Number of caseworkers statewide • % of staff turnover • Reasons for caseworker attrition • Caseworker caseload size • Training completion rates
	Preliminary Data Sources	<ul style="list-style-type: none"> • SACWIS/CCWIS/ROM • Learning Management System (LMS)
	Regulation, Documentation, and Information Sources	<ul style="list-style-type: none"> • Oregon State Reports • Communications (Emails, Memos) • Policies and Procedures • Regulations

5 Methodology

The methodology for this review includes establishing the assessment scope, establishing the inquiry protocol, collecting data, establishing variables and assumptions, analyzing data, identifying themes, handling unexpected or adverse events, and reporting of findings or conclusions.

A summary of steps for conducting the assessment is shown in Figure 5.1 and described in the following subsections.

Figure 5.1 Assessment Methodology



5.1 Establish the Assessment Scope

The purpose of this assessment is to conduct a thorough independent review of the Oregon Governor's Office and CW policies, procedures, leadership, and data, and document any progress CW has made to implement recommendations or address concerns through identifiable and credible strategies and processes since the 2016 *Child Safety in Substitute Care Final Report*. In addition to documenting progress, instances will be noted where efforts have been made to improve but have not been successful enough to result in progress. This could include implementation of new interventions or initiatives that have not been in place long enough to gather substantive data regarding efficacy or success.

The scope of the review includes the child welfare system that serves all children under CW supervision, with particular focus on children in substitute care and those included in the subclasses identified in the pleadings.

5.2 Establish the Inquiry Protocol

During this step the review team developed the research protocol and its components. We followed our Seven Element Inquiry Protocol model, including drafting Research Questions and Inquiry Questions, and identifying Methods of Inquiry, Universal Participants, Representative Sample of Participants, Data Elements, Data Sources, and Regulation, Documentation, and Information Sources. See Figure 3.1 in Section 3.

5.3 Collect Data

We will collect data through multiple methods and from various sources, listed below.

Qualitative Data

The assessment process will include gathering qualitative data from various sources, which may include:

- Interviews. The Public Knowledge team will conduct individual interviews with key participants to gather their perspectives on progress made since 2016. Two Public Knowledge team members will conduct interviews: one to conduct the interview according to the interview protocol and one to take notes.
- Focus Groups. Two Public Knowledge team members will conduct focus groups: one to ask questions according to the focus group protocol and one to record responses. We will record notes, aggregate the data, and identify and analyze themes.
- Surveys. The Public Knowledge team will administer online surveys to collect information from various stakeholder groups. The surveys will include both quantitative and qualitative data. We will share draft survey questions with our client to ensure that the survey methodology respects access to the survey tool, cultural sensitivity, and employs the most effective method of gathering information for each stakeholder group. The review team will use common industry standards and non-clinical human subject review guidelines for data collection activities.
- Document Review. The Public Knowledge team will review relevant documents, such as policies, procedures, and regulations to research progress made regarding establishing expectations to improve various aspects of the child welfare system.

Quantitative Data

The assessment will include gathering quantitative data from various sources, which may include:

- Child and Family Services Review (CFSR) Results
- Program Improvement Plan (PIP)

- OR-Kids, Oregon's child welfare case management system
- National Child Abuse and Neglect Data System (NCANDS)
- Adoption and Foster Care Analysis and Reporting System (AFCARS)
- National Electronic Interstate Compact Enterprise (NEICE)
- National Youth in Transition Database (NYTD)
- Annual Progress and Service Report (APSR)
- Child and Family Services Plan (CFSP)
- Statewide Automated Child Welfare Information System (SACWIS)
- Comprehensive Child Welfare Information System (CCWIS)
- Results Oriented Management (ROM) Project
- Program Improvement Plan (PIP)
- Learning Management System (LMS)

Data will be gathered and analyzed quarterly from quarter four of 2016 to present day.

5.4 Establish Variables and Assumptions

The process of data collection and analysis includes establishing variables and assumptions that may impact the outcomes of the analyses. Variables include factors that may explain discrepancy potential in data or research. For instance, data collected from federal sources is only as accurate as the data received from states. There may also be variables within the data reported from different areas of the state if differing data collection or entry methods exist. We will also make assumptions about the data, including that the data is the most current and accurate data available, and that participants will share information to inform the assessment as accurately as possible.

5.5 Analyze Data

We will analyze data based on best and promising practices, as well as the Public Knowledge team's child welfare experience. The data analyzed will all be directly connected to answering the research questions, and the Public Knowledge team will ensure that confidentiality is maintained, the data is presented as themes, and the data maintains cultural sensitivity.

Specifically, the analysis will combine qualitative and quantitative data to provide a comprehensive view of the progress made since 2016.

Qualitative Data Analysis

Qualitative data analysis will adhere to non-clinical qualitative research standards and ethics:

- Data analysis will protect the confidentiality of all participants.
- Data will be aggregated across participants and presented as themes.
- Data collection and analysis will employ culturally competent methods and awareness, wherever possible.

Once qualitative data is collected from interviews, focus groups, surveys, and document review, we will analyze the results. The purpose of the qualitative analysis is to identify progress and improvements, uncover insights and understand the scope of the changes over the past four years. If additional topics are identified, those will also be analyzed.

Quantitative Data Analysis

The Public Knowledge team will analyze relevant quantitative data, in addition to trends identified in the data. We will include existing analyses from sources as available.

5.6 Themes

Themes and data results will be summarized and documented in relation to each of the research questions.

5.7 Handling of Unexpected or Adverse Events

This includes any necessary statements for circumstances or events that may impact the work being completed or data and research being evaluated. For instance, COVID-19 may impact the ability to interact with interview, focus group, and survey participants as noted in Section 1.1.2, above.

5.8 Report Findings

Findings will be based on qualitative and quantitative data analyses and perceptions.

Appendix A: Key Terms

These definitions clarify the meaning of operative terms included in the research questions, inquiry questions, and throughout the methodology. Sources are included for reference. Where possible we used a definition from Oregon CW policy or Oregon statute. Those definitions attributed to Public Knowledge indicate that our team developed a definition based on our experience and expertise.

Term	Definition	Source
Abuse [Can also refer to Maltreatment or Neglect]	<p>Abuse: (a) For purposes of screening a report of "abuse" of a child subject to ORS 419B.005, "abuse" means any of the following, except that "abuse" does not include reasonable discipline unless the discipline results in one of the conditions described in this subsection.</p> <ul style="list-style-type: none"> • Mental Injury. Any mental injury to a child, which includes only observable and substantial impairment of the child's mental or psychological ability to function caused by cruelty to the child, with due regard to the culture of the child. • Neglect. (i) Negligent treatment or maltreatment of a child, including, but not limited to, the failure to provide adequate food, clothing, shelter, or medical care that is likely to endanger the health or welfare of the child. (ii) Buying or selling a person under 18 years of age as described in ORS 163.537. (iii) Permitting a person under 18 years of age to enter or remain in or upon premises where methamphetamines are being manufactured. (iv) Unlawful exposure to a controlled substance, as defined in ORS 475.005, or to the unlawful manufacturing of a cannabinoid extract, as defined in ORS 475B.015, that subjects a child to a substantial risk of harm to the child's health or safety. • Physical Abuse. Any assault, as defined in ORS chapter 163, of a child and any physical injury to a child which has been caused by other than accidental means, including any injury which appears to be at variance with the explanation given for the injury. 	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf#page=1814

Term	Definition	Source
	<ul style="list-style-type: none"> Sexual Abuse. (i) Rape of a child, which includes, but is not limited to, rape, sodomy, unlawful sexual penetration and incest, as described in ORS chapter 163. (ii) Sexual abuse, as described in ORS chapter 163. (iii) Sexual exploitation, including, but not limited to: (I) Contributing to the sexual delinquency of a minor, as defined in ORS chapter 163, and any other conduct which allows, employs, authorizes, permits, induces, or encourages a child to engage in the performing for people to observe or the photographing, filming, tape recording, or other exhibition which, in whole or in part, depicts sexual conduct or contact, as defined in ORS 167.002 or described in ORS 163.665 and 163.670, sexual abuse involving a child or rape of a child, but not including any conduct which is part of any investigation conducted pursuant to ORS 419B.020 or which is designed to serve educational or other legitimate purposes; and (II) Allowing, permitting, encouraging, or hiring a child to engage in prostitution as described in ORS 167.007 or a commercial sex act as defined in ORS 163.266, to purchase sex with a minor as described in ORS 163.413 or to patronize a prostitute as described in ORS 167.008. <p>Threat of harm to a child, which means subjecting a child to a substantial risk of harm to the child's health or welfare. (b) For purposes of screening a report of abuse of a child or young adult living in a home certified by Child Welfare or ODDS, unless the abuse alleged is familial, "abuse" means any of the following: (A) Abandonment, including desertion or willful forsaking of a child or young adult, or the withdrawal or neglect of duties and obligations owed a child or young adult by a home certified by Child Welfare or ODDS, a caregiver, or other person. (B) Financial exploitation. (i) Financial exploitation includes: (I) Wrongfully taking the assets, funds, or property belonging to or intended</p>	

Term	Definition	Source
	<p>for the use of a child or young adult. (II) Alarming a child or young adult by conveying a threat to wrongfully take or appropriate moneys or property of the child or young adult if the child would reasonably believe that the threat conveyed would be carried out. (III) Misappropriating, misusing, or transferring without authorization any moneys from any account held jointly or singly by a child or young adult. (IV) Failing to use the income or assets of a child or young adult effectively for the support and maintenance of the child or young adult. (ii) Financial exploitation does not include age-appropriate discipline that may involve the threat to withhold, or the withholding of privileges. (C) Involuntary seclusion. Involuntary seclusion means confinement of a child or young adult alone in a room from which the child or young adult is physically prevented from leaving. (i) Involuntary seclusion includes: (I) Involuntary seclusion of a child or young adult for the convenience of a home certified by Child Welfare or ODDS or a caregiver; (II) Involuntary seclusion of a child or young adult to discipline the child or young adult; (ii) Involuntary seclusion does not include age-appropriate discipline, including but not limited to a time-out. (D) Neglect, which includes: (i) Failure to provide the care, supervision, or services necessary to maintain the physical and mental health of a child or young adult; or (ii) The failure of a home certified by Child Welfare or ODDS, a caregiver, or other person to make a reasonable effort to protect a child or young adult from abuse. (E) Physical abuse, which includes: (i) Any physical injury to a child or young adult caused by other than accidental means, or that appears to conflict with the explanation given of the injury; or (ii) Willful infliction of physical pain or injury upon a child or young adult.</p>	
Accepted Professional Standards	We use the following accepted professional standards for the definitions in this document and the research questions:	Public Knowledge

Term	Definition	Source
	<ul style="list-style-type: none"> • Oregon Department of Human Services • Department of Health and Human Services, Administration for Children and Families, Children's Bureau • Onsite Service Review Instrument 2016 (OSRI) from the Child and Family Service Reviews (CFSR) • Child Welfare Information Gateway 	
Address	To direct to the attention of; to take action.	Public Knowledge
Adequately	Meeting minimum standards or requirements.	Public Knowledge
Adoption	A legal or administrative process that establishes a permanent legal parent-child relationship between a child and an adult who is not already the child's legal parent and terminates the legal parent-child relationship between the adopted child and any former parent.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf?page=1816 ¹
Agency Culture	Values and behaviors that contribute to the social and psychological environment of CW, including the five CW core values of integrity, stewardship, responsibility, respect, and professionalism.	Public Knowledge (adapted from: https://www.dhs.state.or.us/tools/news/results/2006/2006_04.pdf)
Appropriate	Suitable or proper for the circumstances based on best practice guidelines, CW policies, or federal expectations.	Public Knowledge
Assess	To collect information to inform decision making about a child, youth, or family.	https://www.childwelfare.gov/topics/systemwide/assessment/overview/terms/

¹ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 3/1/2021. All references to the Child Welfare Procedure Manual refer to the version with the stated date.

Term	Definition	Source
Barriers	Obstacles to achieving intended outcomes. These can exist at the individual level, such as preventing or delaying permanence for a child, or at the organizational or system level, which result in policies or procedures that prevent populations of children and families receiving services to achieve intended outcomes.	Public Knowledge
Basic Needs	Fundamental necessities including food, water, clothing, and shelter, as well as sanitation, education, and healthcare.	Public Knowledge
Behavioral Rehabilitation Services (BRS)	A program that provides services and placement-related activities to the BRS client to address their debilitating psychosocial, emotional, and behavioral disorders in a community placement utilizing either a residential care model or a proctor care model. Note: Child Caring Agencies (CCAs) can also be licensed to provide BRS services, and many are, but they are not synonymous.	https://www.oregon.gov/oha/HSD/PHP/Policies/170-0020-092120.pdf
Case Plan [Can also refer to the Child Welfare Case Plan, Case Planning or Individualized Service Planning]	A written, goal-oriented, and time-limited individualized plan for the child and the child's family, developed by the agency and the parents or guardians, to achieve the child's safety, permanency, and well-being.	http://www.dhs.state.or.us/cwf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf?page=1819
Caseload [Can also refer to Case(s)]	Individuals (usually a child) for whom a social worker is responsible in a given time period, as expressed in a ratio of clients to staff members.	Public Knowledge
Caseworker(s)	A child welfare employee assigned primary responsibility for a child or young adult served by child welfare.	http://www.dhs.state.or.us/cwf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-

Term	Definition	Source
		Manual.pdf - page=1819
Centralize	To bring together into one location.	Public Knowledge
Certification and Licensing Standards	Regulations in each state, for foster parents and providers, that ensure children are cared for in physically and developmentally safe environments.	https://www.childwelfare.gov/glossary/glossary/
Certified Family [Can also refer to CW Certified Foster Home]	An individual or individuals who hold a current Certificate of Approval from the Department to operate a home to provide care, in the home in which the individual or individuals reside, to a child or young adult in the care or custody of the Department.	http://www.dhs.state.or.us/policy/childwelfare/manual_1/division_200.pdf
Child [Can also refer to Children or Youth]	A person under 18 years of age, or a person under 21 years of age if the Department of Human Services determines that the person has a mental or physical disability that warrants the continuation of assistance.	https://www.oregonlegislature.gov/bills_laws/ors/ors418.html (§418.330)
Child and Adolescent Needs and Strengths (CANS) Tool	The CANS is a decision-making tool to determine level of care and service planning, and to monitor service outcomes. In Oregon, the CANS is used to determine the Level of Need (LON) for children in substitute care and to determine reimbursement rates for substitute care providers.	https://praedfoundation.org/tools/the-child-and-adolescent-needs-and-strengths-cans/
Child Caring Agency (CCA) [Can also refer to Institution or Residential Facility]	Any private school, private agency, private organization or county program providing: Day treatment for children with emotional disturbances; Adoption placement services; Residential care, including but not limited to foster care or residential treatment for children; Residential care in combination with academic education and therapeutic care, including but not limited to treatment for emotional, behavioral or mental health disturbances; Outdoor youth programs; or Other	https://www.oregonlaws.org/ors/418.205

Term	Definition	Source
	<p>similar care or services for children. It includes the following: A shelter-care home that is not a foster home subject to ORS 418.625 to 418.645; An independent residence facility as described in ORS 418.475; A private residential boarding school; and A child-caring facility as defined in ORS 418.950. It does not include: Residential facilities or foster care homes certified or licensed by the Department of Human Services under ORS 443.400 to 443.455, 443.830 and 443.835 for children receiving developmental disability services; Any private agency or organization facilitating the provision of respite services for parents pursuant to a properly executed power of attorney under ORS 109.056. For purposes of this subparagraph, "respite services" means the voluntary assumption of short-term care and control of a minor child without compensation or reimbursement of expenses for the purpose of providing a parent in crisis with relief from the demands of ongoing care of the parent's child; A youth job development organization as defined in ORS 344.415; A shelter-care home that is a foster home subject to ORS 418.625 to 418.645; A foster home subject to ORS 418.625 to 418.645; A facility that exclusively serves individuals 18 years of age and older; or A facility that primarily serves both adults and children but requires that any child must be accompanied at all times by at least one custodial parent or guardian.</p>	
CPS Assessment	<p>An investigation into a report of abuse pursuant to ORS 419B.020 or ORS 418.258 that includes activities and interventions to identify and analyze safety threats, determine if there is reasonable cause to believe abuse occurred, and assure safety through protective action plans, initial safety plans, or ongoing safety planning.</p>	<p>http://www.dhs.state.or.us/csf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-</p>

Term	Definition	Source
		Manual.pdf - page=63
CPS Case Closure	The process of a CPS caseworker terminating the ongoing safety plan by ensuring all case notes are completed, the case file is in order and ready for filing, all services to the family have been closed, and completing the case closure narrative in the child welfare electronic information system.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf - page=557
Children in Care	Children, youth, and young adults who are in the custody and supervision of Oregon CW and living in substitute care.	Public Knowledge and Oregon CW
Children Living with High Needs [Can also refer to Child(ren) with Disabilities, High Needs]	Children and youth with cognitive, behavioral, and/or mental health issues. Children and young adults with high needs may require “intensive” authorized levels of care, which dictates the amount of payments for care; challenging diagnoses, behaviors, and other characteristics where placements disrupt frequently and require new placements frequently.	Oregon Department of Human Services, Office of Child Welfare
Children Who Identify as LGBTQIA+	Refers to a child who identifies as Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, and includes those who may not identify with these terms and may use other words to describe themselves (LGBTQIA+). The Oregon CW Child Welfare Procedures Manual states that every person has a sexual orientation, gender identity and expression (SOGIE) and they may be congruent or completely different. Some children and young adults with diverse SOGIE may identify as lesbian, gay, bisexual or transgender, and some may be questioning their sexual orientation or gender identity (LGBTQ). Other youth may not identify with these terms and may use other words	Public Knowledge http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf - page=1013

Term	Definition	Source
	to describe themselves including but not limited to non-binary, genderqueer, gender fluid, gender expansive, agender, gender diverse, two-spirit, queer, asexual, pansexual, etc. For this reason, there are various permutations of acronyms used in conversation and written materials to reflect diversity of SOGIE. The acronyms SOGIE or LGBTQ+ will be used.	
Concerted Effort	Cooperative and directive planning toward a mutually agreed upon goal.	Public Knowledge
Concurrent Planning	A case planning approach that involves considering all reasonable options for permanency at the earliest possible point following a child's entry into foster care and simultaneously pursuing those that will best serve the child's needs. Typically, the primary plan is reunification with the child's family of origin. This primary plan and an alternative permanency goal are pursued at the same time, with full knowledge of all case participants. Concurrent planning seeks to eliminate delays in attaining permanency for children.	https://www.childwelfare.gov/glossary/glossary/
Conditions for Removal	Conditions in which CW and law enforcement have established that a child is in imminent threat of severe harm and use their authority to remove a child from home.	ORS 419B.150
Conditions for Return	A written statement of the specific behaviors, conditions, or circumstances that must exist within a child's home before a child can safely return and remain in the home with an in-home ongoing safety plan.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf-page=469
Connections	Proximity to the child's biological family, including siblings and the child's school. Connections that should be considered include school, church,	Oregon Department of Human Services,

Term	Definition	Source
	culture, community, and other significant people in the child's life who are important to the child's well-being.	Office of Child Welfare
Contacts [Can also refer to Caseworker Contacts]	Any communication between Child Welfare staff and a child, young adult, parent or guardian, foster parent or relative caregiver, provider, or other individual involved in a Child Welfare safety plan or case. "Contact" includes, but is not limited to, communication in person, by telephone, by videoconferencing, or in writing. "Contact" may occur, for instance, during a face-to-face visit; a treatment review meeting for a child, young adult, parent, or guardian; a court or Citizen Review Board hearing; or a family meeting.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf-page=1821
Continuous Quality Improvement (CQI)	A strength-based process that relies on teamwork to improve processes, services and outcomes. It is an ongoing cycle of collecting data and then testing, implementing, learning from, and revising solutions.	https://www.oregon.gov/oha
Continuum of Care	Provides ongoing services for children in substitute care from entry to exit. The goal of this approach is to use the most appropriate and least restrictive interventions, both in and out of the home, while ensuring that safety issues and needs are addressed.	https://www.childwelfare.gov/topics/outofhome/foster-care/achieving-continuum/
Courtesy Supervision [Can also refer to Cross-County Supervision or Inter-County Case Work]	Supervision provided when a child is placed outside the county or state where the presenting issue originated. Courtesy supervision is provided by a caseworker in the receiving county or state, and should address the child's ongoing safety and well-being, and the reports should include dates and locations of face-to-face contact as well as updates concerning the child's education, medical/ mental health services, and assessment of the child's living environment. Cross-county case supervision refers to when one or more counties is providing ongoing case	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf-page=671

Term	Definition	Source
	management services for a county who holds primary jurisdiction over the case.	
Critical Incident	<p>An incident that resulted in the death of a child if the Department reasonably believes the death was the result of child abuse and:</p> <p>(a) The deceased child was in the custody of the Department at the time of the fatality; or</p> <p>(b) The deceased child, the deceased child's sibling, or any other child living in the household with the deceased child was the subject of a CPS assessment by the Department within the 12 months preceding the fatality; or</p> <p>(c) The child, the child's sibling, or any other child living in the household with the child had a pending child welfare or adoption case with the Department within the 12 months preceding the fatality; or</p> <p>(d) The deceased child, the deceased child's sibling, or any other child living in the household with the deceased child was the subject of a report of abuse made to the Department or a law enforcement agency within the 12 months preceding the fatality, whether the report of abuse was closed at screening or assigned for CPS assessment.</p> <p>A fatality or serious injury where child abuse or neglect is suspected; an event or situation which is highly concerning, may pose a potential liability, is of emerging public or media interest or represents an interest of security; any other incident designated by the CW Director.</p>	https://oregon.public.law/rules/oar-413-017-0050
Data Integrity and Accuracy	Validity of data over the entire life cycle.	Public Knowledge
Data Driven Decision Making	Decision makers using objective information to improve outcomes for the people they serve.	https://www.oregon.gov/dhs/ORRA/Reports/Documents/Beco

Term	Definition	Source
		ming-Data-Informed-Organization.pdf
Data Quality Plan	The comprehensive, purposeful, and iterative efforts taken by Title IV-E agencies to ensure the reliability and fitness of data for use as intended in the support of child welfare policies, goals, and practices. The agency must develop, implement, and maintain a data quality plan in a manner prescribed by the Administration for Children and Families and include it as part of Annual or Operational APDs.	https://www.acf.hhs.gov/sites/default/files/cb/ccwis_data_quality_plans_presentation.pdf
Diligent Relative Search	The ongoing identification and contact with a child's relatives and persons with a caregiver relationship for the purposes of establishing ongoing connections and supports for families and placing a child with his or her relatives on a temporary or permanent basis. Diligent relative search may begin as early as the CPS assessment and continues throughout provision of ongoing services.	Public Knowledge and Oregon CW
Effective	Producing an intended result or outcome.	Public Knowledge
Evaluation	Determining the quality of something.	Public Knowledge
Face-to-Face Contact	An in-person interaction between individuals.	http://www.dhs.state.or.us/csf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf-page=1825
Family Engagement	Including families in all aspects of decision making through a collaborative and partnering process of engagement. The intent of family engagement is to assist families in keeping their children safe and thriving in their communities.	http://www.dhs.state.or.us/csf/safety_model/procedure_manual/Oregon-DHS-Child-

Term	Definition	Source
		Welfare-Procedure-Manual.pdf - page=291
Family Interaction	<p>"Child-family contact" means communication between the child or young adult and family and includes, but is not limited to, visitation with the child or young adult, participation in the child or young adult's activities, and appointments, phone calls, email, and written correspondence.</p> <ul style="list-style-type: none"> • Contact between birth relatives, as defined under ORS 109.305, and the child or young adult in substitute care. Source: OAR 413-120-0000(12) • [M]aintain family relationships and cultural connections with the child or young adult in substitute care. Source: OAR 413-070-0060(4) • See <i>also</i> OAR 413-070-0072 	OAR 413-070-0000(16)
Federal Background Checks	A background check completed by the Background Check Unit (BCU), who provide background check services and support to all CW and Oregon Health Authority (OHA) divisions for employment purposes, for those who provide services or seek to provide services as a contractor, subcontractor, vendor or volunteer, or are employed by qualified entities that provide care and are licensed, certified, registered or otherwise regulated by CW or OHA. The checks search for crimes prosecuted at a federal level.	https://www.oregon.gov/dhs/BUSINESS-SERVICES/CHC/Pages/index.aspx
Foster Care	24-hour substitute care for children placed away from their parents or guardians and for whom the Department, or another public agency, has placement and care responsibility. This includes but is not limited to placements in foster homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child-care institutions, and pre-adoptive homes. A child or young adult is in foster care in accordance with this definition regardless of whether the foster care facility is licensed, and payments are made by the	http://www.dhs.state.or.us/cf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf - page=1826

Term	Definition	Source
	Department or local agency responsible for the care of the child, whether adoption subsidy payments are being made prior to the finalization of the adoption or whether there is federal matching of any payments that are made.	
Foster Parent(s)	A person who operates a home that has been approved by the Department to provide care for an unrelated child or young adult placed in the home by the Department. Please also refer to definition for Relative Caregiver, below.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf?page=1826
Frequency of Visits	The cadence of family interaction for a child in substitute care and may be with their parents, siblings and/or relatives.	Public Knowledge and Oregon CW
Guardianship	A guardian is someone who is appointed by a court to protect and care for the health and well-being of an incapacitated person, or a minor child. A petition must be filed with the appropriate court, and notice given to all interested persons.	https://www.courts.oregon.gov/programs/family/guardianship-conservatorship/Pages/default.aspx
Identified Needs	Areas of concern or areas needing improvement that are identified through an individualized assessment process.	Public Knowledge
Identified Timeframe	The time between the publish date of Public Knowledge's 2016 <i>Child Safety in Substitute Care Independent Review Final Report</i> (September 12, 2016) and present day.	Public Knowledge
Impending Danger Safety Threat	A family behavior, condition, or circumstance that meets all five safety threshold criteria. When it is occurring, this type of threat is not immediate, obvious, or occurring at the onset of the CPS intervention. This threat is identified and	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-

Term	Definition	Source
	understood more fully by evaluating and understanding individual and family functioning.	Procedure-Manual.pdf - page=1829
Improve	A measurable change toward an accepted child welfare standard.	Public Knowledge
Independent Living Services	Skill-building services provided to youth aged 16 and older and in substitute care to help transition youth from foster care to independent adulthood. CW is required to provide support to youth aged 14 and older to create an independent living transition plan and build life skills.	https://www.oregon.gov/dhs/CHILDR/EN/FOSTERCARE/ILP/Documents/ILP-Service-Requirements.pdf
Initial Staff Training	Classroom, field activities, and computer-based learning required for new caseworkers within their first year of employment at CW.	http://www.cwpsal.em.pdx.edu/assets/2-flow-chart.pdf
Investigations [Can also refer to Abuse in Care Investigations]	Assessment into a report of abuse that includes activities and interventions to identify and analyze safety threats, determine if there is reasonable cause to believe abuse occurred, and assure child safety through protective action plans, initial safety plans, or ongoing safety planning.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf - page=63
Level of Need	The type of substitute care identified for a child based on their assessed needs and strength.	Public Knowledge
Mental or Behavioral Health Needs	Needs identified from a state of mental, behavioral, emotional well-being, and choices and actions that affect wellness.	Public Knowledge
Middle Manager	A manager at a level between leadership and frontline supervisor.	Public Knowledge
Oregon Health Authority (OHA)	The Oregon Health Authority works to lower and contain healthcare costs, improve quality, and increase access to healthcare for Oregonians.	https://www.oregon.gov/oha/Pages/Portal-About-OHA.aspx

Term	Definition	Source
	The OHA provides behavioral health services to children and families throughout Oregon, including early childhood mental health, school-based mental health partnerships, intensive services, in-home services, family supports, substance use disorder programs, and youth suicide prevention programs.	https://www.oregon.gov/oha/HSD/BH-Child-Family/Pages/index.aspx
Organizational Change Management	A structured process that makes change happen quicker, smoother, and less painfully for leaders, staff, stakeholders, and customers. It is a structured methodology that, at its core, is helping move an organization from its current state to a new desired state. Simply put, OCM addresses the people side of change management.	Public Knowledge
Out-of-State Placements	When residential treatment providers and placement options in Oregon are unable to serve a child in Child Welfare's care due to the child's unique or severe treatment needs, it may be necessary to refer a child to residential treatment placements in other states.	Public Knowledge and Oregon CW
Parents [Can also refer to Biological Families]	The biological or adoptive mother or the legal father of the child. A legal father is a man who has adopted the child or whose paternity has been established or declared under ORS 109.070, ORS 416.400 to 416.610, or by a juvenile court. In cases involving an Indian child under the Indian Child Welfare Act (ICWA), parent means any biological parent of an Indian child, or any Indian who has lawfully adopted an Indian child, including adoptions under tribal law or custom. It does not include an unwed biological father where paternity has not been acknowledged or established. "Parent" also includes a putative father who has demonstrated a direct and significant commitment to the child by assuming or attempting to assume responsibilities normally associated with parenthood, unless a court finds that the putative father is not the legal father.	http://www.dhs.state.or.us/cf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf#page=1833

Term	Definition	Source
Performance-Based Contracting	The process of determining rates paid to providers based on performance on established metrics and data points.	Public Knowledge
Permanency [Can also refer to Permanence, Legal Permanence, or Relational Permanence]	Stability and lifelong, reliable connections for children and young adults in substitute care. *Legal permanence refers to a child's relationship with a parenting adult that is recognized by law and that the adult is the child's birth, kin, foster, guardian, or adoptive parent. *Relational permanence refers to important long-term, stable relationships that help a child or young adult or youth feel loved and connected.	Public Knowledge and Oregon CW https://www.aecf.org/blog/what-is-permanence/
Permanency Goal	The court's determination of the permanency plan for the ward that includes whether and, if applicable, when: (A) The ward will be returned to the parent (B) The ward will be placed for adoption, and a petition for termination of parental rights will be filed (C) The ward will be referred for establishment of legal guardianship (D) The ward will be placed with a fit and willing relative (E) If the ward is 16 years of age or older, the ward will be placed in another planned permanent living arrangement	ORS 419B.476
Permanency Hearings	The hearing that determines the permanency plan for the child. The permanency hearing is conducted by a juvenile court, another court of competent jurisdiction or by an authorized tribal court.	http://www.dhs.state.or.us/csf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf-page=1833

Term	Definition	Source
Permanency Outcome	<p>Preference of permanency plans reflected in statute:</p> <ul style="list-style-type: none"> • Reunification • Adoption (TPR) • Guardianship (durable and permanent) • Fit and Willing Relative • Another Permanent Planned Living Arrangement (APPLA) 	ORS 419B.476(5)
Permanency Plan	A written course of action for achieving safe and lasting family resources for the child or young adult. Although the plan may change as more information becomes available, the goal is to develop safe and permanent resources with the parents, relatives, or other people who may assume responsibility for the child or young adult during the remaining years of dependency and be accessible and supportive to the child in adulthood.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf?page=1834
Physical Health Needs	Medical and dental health needs identified and addressed.	Public Knowledge
Placement	The arrangement for the care of a child in the home of a parent, a foster home, relative foster home, non-paid relative home, or a child-caring agency or institution. It does not include the arrangement for care in an institute caring for the mentally ill, an institution primarily educational in character, or a hospital or other medical facility.	OAR 413-040-0000(54)
Placement Changes [Can also refer to Placement Change Decision]	Movement of a child in substitute care from one placement to another.	Public Knowledge
Placement Stability	Ensuring that children remain in stable out-of-home care, avoiding disruption, removal, and repeated placements that have harmful effects on child development and well-being.	https://www.childwelfare.gov/glossary/glossary/

Term	Definition	Source
Placing	The process of removing a child from his or her family of origin or caregivers to a safe, temporary living situation.	Public Knowledge
Population of Children in Care	An overall demographic representation of children and youth in the custody of CW.	Public Knowledge
Present Danger Safety Threat	An immediate, significant, and clearly observable family behavior, condition, or circumstance occurring in the present tense, already endangering or threatening to endanger a child or, when applicable, a young adult. The family behavior, condition, or circumstance is happening now, and it is currently in the process of actively placing a child or, when applicable, a young adult in peril.	http://www.dhs.state.or.us/cwf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf?page=1836
Proctor Foster Home	A foster home certified by a Child Caring Agency (CCA). A proctor foster home must meet minimum standards as established by rules adopted by CW or the Oregon Youth Authority. Proctor foster homes also receive a pass-through certification from CW.	http://www.dhs.state.or.us/policy/childwelfare/manual_1/division_215.pdf
Progress	The actions CW has made to implement recommendations or address concerns through identifiable and credible strategies and processes.	Public Knowledge
Provider Recruitment	A critical step in finding prospective permanent families for a child and should be tailored to the specific child.	http://www.dhs.state.or.us/cwf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf
Qualified Caseworker	Applicants for a caseworker position must meet the following requirements: <ul style="list-style-type: none"> • A bachelor's degree in Human Services or a field related to human service; or • A bachelor's degree unrelated to Human Services; and either 	https://oregon.wd5.myworkdayjobs.com/en-US/SOR_External_Career_Site/job/Portland--DHS--

Term	Definition	Source
	<ul style="list-style-type: none"> • One year of Human Services related experience; or • Completion of coursework equivalent to certification consistent with Oregon Caseworker Competency; or • An associate degree and either • Two years of Human Service-related experience; or • One year of Human Services related experience and related training, coursework or certification consistent with Oregon Caseworker Competency 	Webster-Street/Social-Service-Specialist-1---Protective-Services-Assessment-Worker REQ-45998
Quality	The degree to which an object or entity (such as a process, product, or service) satisfies a specified set of attributes or requirements.	Public Knowledge
Quality of Visits	<p>Purposeful interactions between caseworkers and children, youth, parents, and resource parents that reflect engagement and contribute to assessment and case planning processes in order to achieve outcomes.</p> <p>Oregon CW refers to frequency of visits and quality of visits together (see Frequency of Visits as defined above). For purposes of this review, we are separating out frequency of visits and quality of visits as two separate concepts.</p>	Public Knowledge
Rates	Payments made to substitute care providers intended to offset some of the costs associated with caring for children.	Public Knowledge
Re-Entry	Of all children who enter foster care in a 12-month target period and discharged within 12 months to reunification, living with a relative(s), or guardianship, what percent re-entered foster care within 12 months of discharge.	https://library.childwelfare.gov/
Relative Caregiver [Can also refer to	A person defined as a "relative" under OAR 413-070-0000 who operates a home that has been approved by the Department to provide care for a	http://www.dhs.state.or.us/csf/safety_model/procedure_manual/Oregon-

Term	Definition	Source
Kinship Caregiver]	related child or young adult placed in the home by the Department.	DHS-Child-Welfare-Procedure-Manual.pdf - page=1838
Removal [Can also refer to Removed]	Either the physical act of a child being taken from his or her normal place of residence by court order or a voluntary placement agreement and placed in a foster care setting, or the removal of custody from the parent or relative guardian pursuant to a court order or voluntary placement agreement which permits the child to remain in a foster care setting.	http://www.dhs.state.or.us/csf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf - page=1838
Report [Can also refer to CPS Report]	An allegation of abuse that the screener evaluates to determine if it constitutes a report of abuse as defined in ORS 419B.005 or, when applicable, Oregon Laws 2017, chapter 733.	http://www.dhs.state.or.us/csf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf#page=1839
Required Timeframe	The accepted amount of time required for a given action based on policy.	Public Knowledge
Response Time	The time frame to initiate the CPS assessment and is determined by the urgency of the report. Urgency is determined by reported family behaviors, conditions and circumstances that represent a present or impending danger.	http://www.dhs.state.or.us/csf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf - page=169
Reunification	Placement with a parent or guardian.	http://www.dhs.state.or.us/csf/safety_model/procedure

Term	Definition	Source
		manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf - page=1839
Risk	The extent to which key factors are present in a family situation that increases the likelihood of future maltreatment to a child or adolescent.	Public Knowledge
Safe [Can also refer to Safety]	The absence of present danger safety threats and impending danger safety threats.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf - page=1840
Safety Culture	Behaviors and practices of an organization that prioritize the safety of children and families as well as the ability of individuals to speak up without fear of reprisal.	https://library.childwelfare.gov/cwig/ws/library/docs/capacity/Blob/115592.pdf?r=1&rpp=10&upp=0&w=+NATIVE(%27recno=115592%27)&m=1
Safety Threat [Can include Present Danger Safety Threats or Impending Danger Safety Threats]	<p>A Present Danger Safety Threat is an immediate, significant, and clearly observable family behavior, condition or circumstance occurring in the present tense, already endangering or threatening to endanger a child or, when applicable, young adult. The family behavior, condition, or circumstance is happening now, and it is currently in the process of actively placing a child or, when applicable, young adult in peril.</p> <p>An Impending Danger Safety Threat is a family behavior, condition, or circumstance that meets all five safety threshold criteria. When it is occurring,</p>	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf - page=196

Term	Definition	Source
	this type of threat is not immediate, obvious, or occurring at the onset of the CPS intervention. This threat is identified and understood more fully by evaluating and understanding individual and family functioning.	
Safety Threshold	The point at which family behaviors, conditions, or circumstances are manifested in such a way that they are beyond being risk influences and have become an impending danger safety threat. In order to reach the "safety threshold" the behaviors, conditions, or circumstances must meet all of the following criteria: be imminent, be out of control, affect a vulnerable child or young adult, be specific and observable, and have potential to cause severe harm. The "safety threshold" criteria are used to determine the presence of an impending danger safety threat.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf - page=1840
Screening	The process used by a screener to determine the response to information received.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf - page=1840
Service Array	The range of service options that CW provides to clients.	Public Knowledge
Service Goal [Can also refer to Case Goal]	The observable, sustained change in behavior, condition, or circumstance, that when accomplished, achieves the desired effect.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf - page=1840

Term	Definition	Source
Service Provision	The ongoing process of delivering services to clients by CW and its providers.	Public Knowledge
Service(s)	Assistance that the Department provides to clients.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf - page=1840
Staff Turnover	The measurement of the number of employees who leave CW during an identified timeframe.	Public Knowledge
Substitute Care [Can also refer to Placements or Substitute Care Providers]	The out-of-home placement of a child or young adult who is in the legal or physical custody and care of the Department.	http://www.dhs.state.or.us/policy/childwelfare/manual_1/division_70.pdf
Supervision	The act of overseeing children and young adults in order to assure child safety.	Oregon Department of Human Services, Office of Child Welfare
Supervision and Oversight	The act of monitoring and directing the performance and activities of Child Protective Services (CPS) and Permanency staff, contracted providers, or others delivering services to families, children, and youth.	Public Knowledge and Oregon CW
Supporting	The process of providing assistance to address an identified need.	Public Knowledge
Temporary Placement	A short term, time-limited placement.	Public Knowledge
Termination of Parental Rights (TPR)	A court of competent jurisdiction has entered an order terminating the rights of the parent or parents, pursuant to ORS 419B.500 through	http://www.dhs.state.or.us/caf/safety_model/procedure

Term	Definition	Source
	419B.530 or the statutes of another state. The date of the termination order determines the effective date of the termination even if an appeal of that order has been filed according to ORS 419A.200.	manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf - page=1843
Tracking	Monitoring and measuring the goals, progress, or outcomes.	Public Knowledge
Training [Can also refer to Training Resources]	The process of developing a skilled child welfare workforce and to achieving outcomes of safety, permanency, and well-being for children entrusted to the care of the public child welfare system.	https://www.childwelfare.gov/topics/management/training/
Treating	The process of providing care and attention to emotional, behavioral, physical, or social issues or medical needs.	Public Knowledge
Visit	Planned, in-person contact between the child or young adult and one or more family members.	http://www.dhs.state.or.us/cf/safety/model/proceduremanual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf - page=1844
Visitation	Visitation is an interactive face-to-face contact between a child and his or her parents, siblings or other family members. When reunification is the goal, the visit and contact plan should include progressively increased parental responsibility for the daily care of the child. When reunification no longer is the goal, a visit and contact plan can help family members understand and accept the alternative permanency plan. Whatever the goal, visits strengthen and maintain family relationships, enhance a child's well-being, and affirm the importance of parents in the child's life. For the duration of Governor Brown's Stay at Home, Save	https://www.oregon.gov/dhs/CHILDRN/Documents/Protocol%20for%20Parent%20Child%20Visits.pdf

Term	Definition	Source
	Lives Order (EO 20-12), visitation takes place as provided in the Protocol for In-Person Parent/Child Visits During COVID-19.	
Well-Being	The physical, dental, behavioral, mental health, and educational needs of children and young adults are being identified and met.	Public Knowledge and Oregon CW
Workforce [Can also refer to Staffing Resources or Resources]	People employed by Child Welfare to design, deliver and oversee the child welfare agency service array.	Public Knowledge and Oregon CW

Appendix B: Entities

Term	Definition
CPS	Child Protective Services. CPS responds to child abuse reports. CPS-trained caseworkers across the state listen to reports of abuse, assess the situations, and prepare safety plans to assist children and families.
CPS Hotline	Anyone can report child abuse to the Oregon Child Abuse Hotline by calling 1-855-503-SAFE (7233). The Oregon Child Abuse Hotline receives calls 24 hours a day, 7 days a week, 365 days a year. This toll-free number allows anyone to report abuse of any child or adult to the Oregon Department of Human Services. Child abuse can also be reported by calling a local police department, county sheriff, county juvenile department, or Oregon State Police.
Child Welfare	Child Welfare is a continuum of services designed to ensure that children are safe at home and that families have the necessary support to care for their children successfully. In Oregon, Child Welfare includes Adoption services, Child Protective Services, Foster Care, and the Independent Living Program.
DHS [Agency]	Department of Human Services. DHS is Oregon's principal agency for helping Oregonians achieve wellbeing and independence through opportunities that protect, empower, respect choice, and preserve dignity, especially for those who are least able to help themselves. Divisions include: Assistance, Children & Youth, Seniors & People with Disabilities, and other services.
OCI	The Office of Continuous Improvement works in partnership with DHS programs. All work is directly requested from the field or from program. OCI and DHS staff collaborate and work together to improve current processes, create efficiencies, and implement more effective ways of delivering services, all of which directly impacts and ultimately benefits DHS clients.
ODDS	The Oregon Office of Developmental Disabilities Services supports individuals with disabilities and their families within their communities by promoting and providing services that are individualized, flexible, and community-focused, and that support each person's talents and abilities.

Term	Definition
OHA	Oregon Health Authority. OHA is the agency that oversees and administers Medicaid and other public health programs in Oregon such as the Oregon Health Plan, Healthy Kids, the Oregon State Hospital, and other programs.
OTIS	Office of Training and Investigative Services is part of DHS and is responsible for training, coordinating and conducting abuse investigations and providing protective services statewide to reports of neglect and abuse of vulnerable adults including adults over the age of 65; adults with physical disabilities; adults with developmental disabilities; adults with mental illness; and children receiving residential treatment services.
OSOQ	Office of Safety, Oversight, and Quality (formerly OLRO). OLRO is part of DHS and is responsible for licensing or registering regulatory and corrective action functions for long term care facilities and agencies including children's residential care agencies, foster care agencies, adoption agencies, assisted living facilities, and other such facilities and agencies.

Appendix C: Survey Protocol

The purpose of the survey is to gather feedback widely from members of the child welfare system. A survey will allow Public Knowledge to gather qualitative data from a larger sample of individuals than is possible with interviews and focus groups.

The survey will be disseminated online to Child Welfare (CW) staff and will ask participants to indicate their role and their tenure in child welfare, and the questions they answer will be determined by their role. All questions will be closed-ended and will allow a single answer. Three options will be given, depending on the question: either Yes/I'm Not Sure/No, or Always/Sometimes/Never.

The survey will be open for a two-week window to provide participants time to share their feedback without losing interest in the process. The survey will be constructed to require users between 15-30 minutes to complete. The survey topics are based on the inquiry questions developed for each research question. Some questions are duplicated between the survey, interviews, and focus groups to ensure the collection of information from varying perspectives across the child welfare system.

Table 5.1 Survey Questions

	Survey Question	Research Question	Role(s)
1.	Does CW address safety threats and safety concerns of children in their homes?	1	<ul style="list-style-type: none"> • Managers • Supervisors • Field Staff
2.	Does CW assess safety threats and safety concerns of children in substitute care?	1	<ul style="list-style-type: none"> • Managers • Supervisors • Field Staff
3.	Does CW address safety threats and safety concerns of children in substitute care?	1	<ul style="list-style-type: none"> • Managers • Supervisors • Field Staff
4.	Does CW maintain the confidentiality of reports of abuse in care?	1	<ul style="list-style-type: none"> • Managers • Supervisors • Field Staff
5.	Is the process of responding to allegations of abuse and neglect regarding children in substitute care: <ul style="list-style-type: none"> • Clear? • Understandable? 	1	<ul style="list-style-type: none"> • Managers • Supervisors • Field Staff

	Survey Question	Research Question	Role(s)
6.	Does CW standardize the response to allegations of maltreatment for children in substitute care?	1	<ul style="list-style-type: none"> • Managers • Supervisors • Field Staff
7.	Has CW standardized the protocol for "closed at screening"?	1	<ul style="list-style-type: none"> • Managers • Supervisors • Field Staff
8.	Does CW ensure that requirements (agency policies, legal regulations, or laws) are met when recruiting, certifying, and monitoring foster parents?	1	<ul style="list-style-type: none"> • Managers • Supervisors • Field Staff
9.	Does CW comply with federal background check requirements during: <ul style="list-style-type: none"> • Certification of substitute care providers? • Oversight of substitute care providers? 	1	<ul style="list-style-type: none"> • Supervisors • Field Staff
10.	Does CW leadership advocate for safety for children under CW supervision?	1	<ul style="list-style-type: none"> • Supervisors • Field Staff
11.	Has the organizational culture of CW improved during the tenure of Rebecca Jones Gaston?		<ul style="list-style-type: none"> • Managers • Supervisors • Field Staff
12.	Do you believe that CW leadership pursues appropriate policy changes to improve child protection?		<ul style="list-style-type: none"> • Managers • Supervisors • Field Staff
13.	Does CW respond according to policies and procedures to maltreatment reports from children in substitute care?	2	<ul style="list-style-type: none"> • Managers • Supervisors • Field Staff
14.	Does CW engage in continuous quality improvement processes at the following levels: <ul style="list-style-type: none"> • State? • District? • County? 	3	<ul style="list-style-type: none"> • Managers • Supervisors • Field Staff
15.	Does CW use the evaluations of the quality of services to improve service delivery to families?	3	<ul style="list-style-type: none"> • Managers • Supervisors • Field Staff

	Survey Question	Research Question	Role(s)
16.	Does CW provide training and coaching for staff on how to use data to drive decisions and improve quality of services?	3	<ul style="list-style-type: none"> • Supervisors • Field Staff
17.	Does CW recruit and retain foster parents who are able to meet the identified needs of children in foster care?	4	<ul style="list-style-type: none"> • Managers • Supervisors • Field Staff
18.	Does CW recruit and retain appropriate child-specific providers, including kith and kin, to care for the number of children who need such placements?	4	<ul style="list-style-type: none"> • Supervisors • Field Staff
19.	Does CW maintain an appropriate number of foster homes to house the number of children who need to be placed in foster care?	4	<ul style="list-style-type: none"> • Supervisors • Field Staff
20.	Does CW conduct Diligent Recruitment (the process of recruiting, retaining, and supporting foster families that reflect the ethnicity and race of children in substitute care) of foster care providers?	4	<ul style="list-style-type: none"> • Supervisors • Field Staff
21.	Does CW recruit and retain substitute care providers who can care for children who identify as LGBTQIA+?	4	<ul style="list-style-type: none"> • Supervisors • Field Staff
22.	Does CW recruit and retain substitute care providers who can care for children who are living with high needs?	4	<ul style="list-style-type: none"> • Supervisors • Field Staff
23.	Does CW provide training and coaching for staff on best practices for: <ul style="list-style-type: none"> • Recruitment of substitute care providers? • Retention of substitute care providers? • Support of substitute care providers? 	4	<ul style="list-style-type: none"> • Supervisors • Field Staff
24.	Does CW leadership support the recruitment, retention, and support of substitute care providers?	4	<ul style="list-style-type: none"> • Supervisors • Field Staff
25.	Does CW prioritize the placement of children with relatives?	5	<ul style="list-style-type: none"> • Managers • Supervisors • Field Staff
26.	Does CW conduct ongoing searches for relatives of children in substitute care?	5	<ul style="list-style-type: none"> • Supervisors • Field Staff

	Survey Question	Research Question	Role(s)
27.	Does CW appropriately match children to substitute care placements based on the needs of the child and the capability of the providers?	5	<ul style="list-style-type: none"> • Supervisors • Field Staff
28.	Does CW provide training and coaching to staff on best practices for improving permanence for children in substitute care?	5	<ul style="list-style-type: none"> • Supervisors • Field Staff
29.	Does CW identify permanency goals appropriate to the needs of the child?	6	<ul style="list-style-type: none"> • Supervisors • Field Staff
30.	Does CW create permanency plans based on the identified needs of the child?	6	<ul style="list-style-type: none"> • Supervisors • Field Staff
31.	Does CW provide training and coaching to staff on how to plan for permanency for children and families?	6	<ul style="list-style-type: none"> • Supervisors • Field Staff
32.	Does CW leadership encourage improving permanence for children in substitute care?	5	<ul style="list-style-type: none"> • Supervisors • Field Staff
33.	Does CW leadership advocate for improving permanency planning?	6	<ul style="list-style-type: none"> • Supervisors • Field Staff
34.	Does CW provide training and coaching to staff in assessing individuals, including children and families?	7	<ul style="list-style-type: none"> • Supervisors • Field Staff
35.	Does CW leadership encourage individualized assessments for children and families?	7	<ul style="list-style-type: none"> • Supervisors • Field Staff
36.	Does CW maintain a statewide service array that ensures their ability to meet the identified needs of children and families?	8	<ul style="list-style-type: none"> • Managers • Supervisors • Field Staff
37.	Does CW address the underlying conditions for removal before returning children to their parents' care?	8	<ul style="list-style-type: none"> • Managers • Supervisors • Field Staff
38.	Does CW provide in-home services to families post-reunification to prevent re-entry into substitute care?	8	<ul style="list-style-type: none"> • Supervisors • Field Staff
39.	Does CW ensure that behavioral health services are being delivered in order to meet case plan goals?	8	<ul style="list-style-type: none"> • Supervisors • Field Staff

	Survey Question	Research Question	Role(s)
40.	Does CW provide training and coaching to staff on how to work with providers in delivering services to meet the needs of children and families?	8	<ul style="list-style-type: none"> • Supervisors • Field Staff
41.	Does CW leadership advocate for providing services to meet the needs of children and families?	8	<ul style="list-style-type: none"> • Supervisors • Field Staff
42.	Does CW develop comprehensive case plans that meet the identified needs of the child and family?	9	<ul style="list-style-type: none"> • Supervisors • Field Staff
43.	Does CW provide training and coaching for staff on best practices in case planning?	9	<ul style="list-style-type: none"> • Supervisors • Field Staff
44.	Does CW leadership advocate for improving case planning?	9	<ul style="list-style-type: none"> • Supervisors • Field Staff
45.	Does CW facilitate contact between children and their siblings in accordance with the Family Support Services Case Plan?	10	<ul style="list-style-type: none"> • Supervisors • Field Staff
46.	Does CW train caseworkers prior to their direct work with families to prepare them for their work?	11	<ul style="list-style-type: none"> • Supervisors • Field Staff
47.	Does CW train caseworkers on an ongoing basis to maintain their knowledge and skills?	11	<ul style="list-style-type: none"> • Supervisors • Field Staff

Appendix D: Interview Protocol

The purpose of the individual interviews is to gather perspectives from Child Welfare (CW) leadership and representatives from the Governor's office on the progress that has been made throughout the child welfare system since Public Knowledge completed the Child Safety in Substitute Care Final Report in 2016. The interviews will provide input to the overall data collection and will allow the final report to reflect the perceptions of individuals within the child welfare system.

Public Knowledge plans to conduct up to 19 interviews, each of which will be scheduled for 50 minutes and will be facilitated over the phone or videoconference, depending on the preference of the interviewee. The proposed interviewees are²:

- Fariborz Pakseresht, DHS Director
- Rebecca Jones Gaston, Child Welfare Director
- Lacey Andresen, Child Welfare Deputy Director
- Aprille Flint-Gerner, Child Welfare Deputy Director
- Alysia Cox, CW Deputy Chief, Strategy and Innovation (also serving as the Data Representative)
- Tami Kane-Suleiman, Child Safety Manager
- Deanna Loughary, Child Safety Manager
- Stacey Loboy, Foster Care Manager
- Belit Burke, Program Policy Manager (now District Manager)
- Sherril Kuhns, Federal Policy Manager
- Kim Keller, Permanency
- Kristen Khamnohack, Hotline
- Kim Lorz, Child Welfare Training Manager
- Sarah Fox, Treatment Services Program Manager
- Chelsea Holcomb, Children's System of Care
- Lilia Teninity, Office of Developmental Disabilities Services (ODDS)
- Joel Metlen, DHS Strategic Projects Director
- Representatives from the Governor's Office: Rosa Klein, Berri Leslie

² These interviewees are based on organizational charts shared with Public Knowledge, dated December 2019. If names or position titles have changed, this list will be adjusted.

The interviews will be facilitated by two Public Knowledge team members, one of whom will facilitate, and one will take notes. Responses to the interview questions will be aggregated and responses will not be connected to a specific interviewee.

The interview topics are based on the inquiry questions developed for each research question. The questions will be shared with interviewees prior to the scheduled interview to allow time for preparation.

The total number of interview questions for each group are as follows:

- Governor's Office Representatives: 9
- CW Leadership (including Strategy and Innovation, Children's System of Care, ODDS, and Portfolio Management): 26
- Safety Managers: 8
- Foster Care Manager (including Permanency, Hotline, and Treatment Services Manager): 19
- Policy Managers (including Permanency, Hotline, and Treatment Services Manager): 8
- Training Manager: 9
- Data Representative: 16

The comprehensive set of interview questions is listed in the table below.

Table 5.2 Interview Protocol

Interview Question		Research Question	Interviewee(s)
1.	Does CW meet federal requirements for caseworker contacts with children in substitute care?	1	• Data Representative
2.	Does CW meet state requirements for caseworker contacts with children in substitute care?	1	• Data Representative
3.	Does CW adequately assess out-of-state facilities to determine the appropriateness of placing children?	1	• Governor's Office • CW leadership • Policy Managers
4.	Has CW centralized and standardized reporting, screening, and assessments statewide?	1	• Safety Managers
5.	Since 2016, has CW redesigned the process of responding to allegations of	1	• Governor's Office • CW leadership

	Interview Question	Research Question	Interviewee(s)
	abuse and neglect regarding children in substitute care?		<ul style="list-style-type: none"> • Safety Managers • Foster Care Manager
6.	What is CW's policy on protecting the confidentiality of children who identify as LGBTQIA+?	1	<ul style="list-style-type: none"> • CW leadership • Policy Managers
7.	Has CW standardized the protocol for "closed at screening"?	1	<ul style="list-style-type: none"> • Safety Managers
8.	Does CW comply with federal background check requirements during certification and oversight of substitute care providers?	1	<ul style="list-style-type: none"> • Foster Care Manager • Policy Managers
9.	Does CW have policies and procedures in place to guide staff on safety practices?	1	<ul style="list-style-type: none"> • Safety Managers • Policy Managers
10.	Does CW have in place quality assurance processes for monitoring safety for children under CW supervision?	1	<ul style="list-style-type: none"> • Safety Managers • Data Representative
11.	In what ways are CW staff encouraged to speak up with safety concerns regarding children in substitute care?	2	<ul style="list-style-type: none"> • Governor's Office • CW leadership • Safety Managers
12.	Does CW respond according to policies and procedures to maltreatment reports from children in substitute care?	2	<ul style="list-style-type: none"> • Foster Care Manager • Policy Managers
13.	In what ways does CW advocate for a safety culture among its workforce?	2	<ul style="list-style-type: none"> • Governor's Office • CW leadership • Safety Managers
14.	Does CW use Organizational Change Management processes and structures?	2	<ul style="list-style-type: none"> • CW leadership
15.	In what ways do CW executives model leadership skills and behaviors?	2	<ul style="list-style-type: none"> • Governor's Office • CW leadership • Safety Managers • Foster Care Manager • Policy Managers • Training Manager • Data Representative

Interview Question	Research Question	Interviewee(s)
16. Do CW's nondiscrimination policies include considerations of sexual orientation, gender identity, and gender expression (SOGIE)?	2	<ul style="list-style-type: none"> • CW leadership
17. Is case information entered or tracked outside of OR-Kids?	3	<ul style="list-style-type: none"> • Data Representative
18. Does CW follow their Data Quality Plan?	3	<ul style="list-style-type: none"> • CW leadership • Data Representative
19. Does CW use data to inform the development of new or revised practices, policies, and procedures?	3	<ul style="list-style-type: none"> • CW leadership • Data Representative • Policy Managers
20. Does CW have a continuous quality improvement process that includes leadership support, leadership modeling, staff and stakeholder engagement, communication, oversight, data collection, case record reviews, and use of the findings?	3	<ul style="list-style-type: none"> • CW leadership • Data Representative
21. What does the CQI process look like at each level?	3	<ul style="list-style-type: none"> • Data Representative
22. Does CW utilize performance-based contracting with its external service providers?	3	<ul style="list-style-type: none"> • CW leadership
23. Does CW provide training and coaching for staff on how to use data to drive decisions and improve quality of services?	3	<ul style="list-style-type: none"> • Training Manager
24. Does CW have a case review system in place to inform decision making and improve the quality of services?	3	<ul style="list-style-type: none"> • Data Representative
25. Does CW recruit and retain appropriate child-specific providers, including kith and kin, to care for the number of children who need such placements?	4	<ul style="list-style-type: none"> • Data Representative • Foster Care Manager

Interview Question	Research Question	Interviewee(s)
26. Does CW provide appropriate services and support to substitute care providers to ensure children are adequately cared for and supervised?	4	<ul style="list-style-type: none"> • Foster Care Manager
27. How does CW oversee the contracted placements for children living with high needs?	4	<ul style="list-style-type: none"> • Foster Care Manager
28. Has CW increased reimbursement rates for substitute care providers?	4	<ul style="list-style-type: none"> • CW leadership • Foster Care Manager
29. Does CW prioritize the use of the least restrictive placement?	4	<ul style="list-style-type: none"> • CW leadership • Foster Care Manager
30. Does CW have or oversee a statewide recruitment, retention, and support plan for substitute care providers?	4	<ul style="list-style-type: none"> • CW leadership • Foster Care Manager
31. Does CW use data to inform their statewide recruitment, retention, and support plan for substitute care providers?	4	<ul style="list-style-type: none"> • Data Representative • Foster Care Manager
32. Does CW have policies and procedures for staff regarding the recruitment, retention, and support of substitute care providers?	4	<ul style="list-style-type: none"> • Policy Managers • Foster Care Manager
33. Does CW provide training and coaching for staff on best practices for the recruitment, retention, and the support of substitute care providers?	4	<ul style="list-style-type: none"> • Training Manager • Foster Care Manager
34. Does CW utilize a case review process to identify lessons learned in the recruitment, retention, and the support of substitute care providers?	4	<ul style="list-style-type: none"> • CW leadership • Foster Care Manager
35. Does CW pursue termination of parental rights as required by federal law?	5	<ul style="list-style-type: none"> • CW leadership • Data Representative • Foster Care Manager

Interview Question	Research Question	Interviewee(s)
36. Does CW meet state requirements with regard to using the CANS to establish reimbursement rates for providers?	5	<ul style="list-style-type: none"> • Foster Care Manager
37. Does CW provide training and coaching to staff on best practices for improving permanence for children in substitute care?	5	<ul style="list-style-type: none"> • Training Manager • Foster Care Manager
38. Does CW provide training and coaching to staff on how to plan for permanency for children and families?	6	<ul style="list-style-type: none"> • Training Manager
39. Does CW utilize a case review process to understand and improve barriers and strengths in permanency planning?	6	<ul style="list-style-type: none"> • Foster Care Manager
40. Does CW have a mechanism to evaluate the provision of assessments?	7	<ul style="list-style-type: none"> • Data Representative
41. Does CW provide training and coaching to staff in assessing individuals, including children and families?	7	<ul style="list-style-type: none"> • Training Manager
42. Does CW maintain a statewide service array that ensures their ability to meet the identified needs of children and families?	8	<ul style="list-style-type: none"> • Governor's Office • CW leadership
43. Has CW developed a continuum of care options for children in substitute care?	8	<ul style="list-style-type: none"> • CW leadership • Foster Care Manager
44. Does CW partner with the Oregon Health Authority to identify and improve systemic barriers regarding access to services?	8	<ul style="list-style-type: none"> • Governor's Office • CW leadership
45. Does CW partner with Oregon Coordinated Care Organizations to identify and improve systemic barriers regarding access to services?	8	<ul style="list-style-type: none"> • Governor's Office • CW leadership
46. Does CW have a mechanism to evaluate the services provided to children and families?	8	<ul style="list-style-type: none"> • Data Representative

Interview Question	Research Question	Interviewee(s)
47. Does CW retain enough staff to adequately serve the children and families in CW custody?	11	<ul style="list-style-type: none"> • Governor's Office • CW leadership
48. Does CW regulate caseloads for caseworkers to ensure they can meet the needs of children and families under their supervision?	11	<ul style="list-style-type: none"> • CW leadership
49. Does CW meet state requirements in recruiting qualified caseworkers?	11	<ul style="list-style-type: none"> • CW leadership
50. Does CW adequately train caseworkers prior to their direct work with families?	11	<ul style="list-style-type: none"> • CW leadership • Training Manager
51. Does CW adequately train caseworkers on an ongoing basis?	11	<ul style="list-style-type: none"> • CW leadership • Training Manager
52. How does CW track training provided to caseworkers?	11	<ul style="list-style-type: none"> • Data Representative • Training Manager

Appendix E: Focus Group Protocol

The purpose of the focus groups is to gather peer groups at varying levels of Child Welfare (CW) to share their collective experience regarding progress that has been made throughout the child welfare system since Public Knowledge completed the Child Safety in Substitute Care Final Report in 2016. Focus groups are an opportunity for staff to share their feedback with each other and with Public Knowledge to provide input into the final report.

Public Knowledge plans to conduct nine focus groups, each of which will be scheduled for 90 minutes using Zoom. The proposed focus groups will include up to 15 participants, unless noted otherwise, and include the following:

- Two focus groups of central office staff, including a mixture of managers, supervisors, and staff from the Training unit, Continuous Quality Improvement or Data section, Program Policy unit, Federal Policy unit, Field Services section, Equity section, Treatment Services section, Foster Care Services section, Child Safety section, and Permanency section.
- Two focus groups of caseworkers from districts throughout Oregon. One group will include caseworkers focused on safety services and the other group will be comprised of permanency caseworkers. Both groups will include a mixture of large and small counties, urban and rural areas, and locations across the state.
- Two focus groups of casework supervisors from districts throughout Oregon. One group will include supervisors overseeing safety services and the other group will be comprised of permanency supervisors. Both groups will include a mixture of large and small counties, urban and rural areas, and locations across the state.
- One focus group for the 16 District Managers and the District Manager for the Oregon Child Abuse Hotline.
- One focus group of the 16 Child Safety Consultants from the Child Safety section in Central Office.
- One focus group of the Permanency-Adoption section staff in Central Office.

The focus groups will be facilitated by two Public Knowledge team members, one of whom will facilitate, and one will take notes. Responses to the focus group questions will be aggregated and responses will not be connected to a specific participant. Participants will be given the option to provide answers verbally or using the chat function in Zoom, and some questions will be asked using the poll function in Zoom.

The focus group topics are based on the inquiry questions developed for each research question. The questions will be shared with participants prior to the scheduled interview to allow time for preparation.

Table 5.3 Focus Group Protocol

Focus Group Question	Research Question	Participant Group
1. Does CW adequately assess safety thresholds and safety concerns of children in their homes during intake, initial assessments, and safety assessments, and throughout the life of the case?	1	<ul style="list-style-type: none"> • Safety caseworkers • Safety casework supervisors • Safety Consultants
2. Does CW effectively manage caseloads to adequately meet the needs of children and families?	1	<ul style="list-style-type: none"> • Central Office • Casework supervisors
3. Does CW appropriately supervise placements of children in out-of-state facilities?	1	<ul style="list-style-type: none"> • Central Office
4. Has CW centralized and standardized reporting, screening, and assessments statewide?	1	<ul style="list-style-type: none"> • Central Office • Safety caseworkers • Safety casework supervisors • Safety Consultants
5. Is the process of responding to allegations of abuse and neglect regarding children in substitute care transparent?	1	<ul style="list-style-type: none"> • Safety caseworkers • Safety casework supervisors • Safety Consultants
6. Does CW consistently share safety information across entities?	1	<ul style="list-style-type: none"> • Central Office
7. What is CW's policy on protecting the confidentiality of children who identify as LGBTQIA+?	1	<ul style="list-style-type: none"> • Central Office • Caseworkers • Casework Supervisors
8. Does CW consistently distinguish between allegations of abuse and critical incidents? (Including a follow-up question of how the two are distinguished).	1	<ul style="list-style-type: none"> • Central Office • Safety caseworkers • Safety casework supervisors • Safety Consultants
9. Does CW address safety threats or safety concerns raised in a substitute care placement?	1	<ul style="list-style-type: none"> • Safety caseworkers • Safety casework supervisors

Focus Group Question	Research Question	Participant Group
		<ul style="list-style-type: none"> • Safety Consultants
10. Does CW provide training and coaching to staff about best practices in safety for children under CW supervision?	1	<ul style="list-style-type: none"> • Safety caseworkers • Safety casework supervisors
11. Does CW utilize a case review process to measure progress on improving safety for children under CW supervision?	1	<ul style="list-style-type: none"> • Central Office • District Managers • Safety caseworkers • Safety casework supervisors • Safety Consultants
12. Does CW have in place quality assurance processes for monitoring safety for children under CW supervision?	1	<ul style="list-style-type: none"> • Central Office • District Managers • Safety casework supervisors
13. Does CW leadership advocate safety for children under CW supervision?	1	<ul style="list-style-type: none"> • Central Office • District Managers • Safety caseworkers • Safety casework supervisors • Safety Consultants
14. In what ways is safety prioritized in decision making for children in substitute care?	2	<ul style="list-style-type: none"> • Central Office • District Managers • Safety caseworkers • Safety casework supervisors • Safety Consultants
15. In what ways are CW staff encouraged to speak up with safety concerns regarding children in substitute care?	2	<ul style="list-style-type: none"> • Central Office • District Managers • Safety caseworkers • Safety casework supervisors • Safety Consultants
16. Do CW staff feel comfortable raising concerns?	2	<ul style="list-style-type: none"> • Central Office • District Managers • Caseworkers

Focus Group Question	Research Question	Participant Group
		<ul style="list-style-type: none"> • Casework supervisors • Safety Consultants • Adoption Section Staff
17. Do CW staff know how to escalate concerns about safety issues?	2	<ul style="list-style-type: none"> • Central Office • District Managers • Caseworkers • Casework supervisors • Safety Consultants • Adoption Section Staff
18. Does CW communicate the importance of child safety for children in substitute care?	2	<ul style="list-style-type: none"> • Central Office • District Managers • Caseworkers • Casework supervisors
19. In what ways does CW advocate for a safety culture among its workforce?	2	<ul style="list-style-type: none"> • Central Office • District Managers • Caseworkers • Casework supervisors • Safety Consultants • Adoption Section Staff
20. Does CW use Organizational Change Management processes and structures?	2	<ul style="list-style-type: none"> • Central Office
21. In what ways do CW executives model leadership skills and behaviors?	2	<ul style="list-style-type: none"> • Central Office • District Managers • Caseworkers • Casework supervisors • Safety Consultants • Adoption Section Staff
22. Do CW's nondiscrimination policies include considerations of sexual orientation, gender identity, and gender expression (SOGIE)?	2	<ul style="list-style-type: none"> • Central Office • District Managers • Caseworkers • Casework supervisors • Safety Consultants • Adoption Section Staff
23. How does CW identify and document children who identify as LGBTQIA+?	3	<ul style="list-style-type: none"> • Central Office • District Managers

Focus Group Question	Research Question	Participant Group
24. Does CW have a continuous quality improvement process that includes leadership support, leadership modeling, staff and stakeholder engagement, communication, oversight, data collection, case record reviews, and use of the findings?	3	<ul style="list-style-type: none"> • Central Office • District Managers
25. Does CW engage in continuous quality improvement processes at the state, district, and county levels?	3	<ul style="list-style-type: none"> • Central Office • District Managers • Casework Supervisors
26. What does the CQI process look like at each level?	3	<ul style="list-style-type: none"> • Central Office • District Managers
27. Does CW conduct effective evaluations of the quality of services offered by external service providers?	3	<ul style="list-style-type: none"> • Central Office • District Managers
28. Does CW use the evaluations of the quality of services to improve service delivery to families?	3	<ul style="list-style-type: none"> • Central Office • District Managers • Casework Supervisors
29. Does CW collaborate with service providers to share feedback from case reviews?	3	<ul style="list-style-type: none"> • District Managers • Casework Supervisors
30. Does CW recruit and retain foster parents who are able to meet the identified needs of children in substitute care?	4	<ul style="list-style-type: none"> • District Managers • Permanency Caseworkers • Permanency Casework Supervisors
31. Does CW recruit and retain appropriate child-specific providers, including kith and kin, to care for the number of children who need such placements?	4	<ul style="list-style-type: none"> • Central Office • Permanency Caseworkers • Permanency Casework Supervisors • Adoption Section Staff
32. Does CW maintain an appropriate number of foster homes to house the	4	<ul style="list-style-type: none"> • Central Office • Permanency Caseworkers

	Focus Group Question	Research Question	Participant Group
	number of children who need to be placed in substitute care?		<ul style="list-style-type: none"> • Permanency Casework Supervisors
33.	Does CW adequately assess the ability of substitute care providers to ensure the appropriate care and supervision of children?	4	<ul style="list-style-type: none"> • Central Office • Permanency Caseworkers • Permanency Casework Supervisors • Adoption Section Staff
34.	Does CW provide appropriate services and support to substitute care providers to ensure children are adequately cared for and supervised?	4	<ul style="list-style-type: none"> • Permanency Caseworkers • Permanency Casework Supervisors • Adoption Section Staff
35.	Does CW diligently recruit substitute care providers who reflect the ethnicity and race of children in substitute care?	4	<ul style="list-style-type: none"> • Permanency Caseworkers • Permanency Casework Supervisors • Adoption Section Staff
36.	Does CW recruit and retain substitute care providers who can care for children who identify as LGBTQIA+?	4	<ul style="list-style-type: none"> • Central Office • Permanency Caseworkers • Permanency Casework Supervisors • Adoption Section Staff
37.	Does CW recruit and retain substitute care providers who can care for children who are living with high needs?	4	<ul style="list-style-type: none"> • Central Office • Permanency Caseworkers • Permanency Casework Supervisors • Adoption Section Staff
38.	Does CW track, at the state and local levels, the current capacity for substitute care providers?	4	<ul style="list-style-type: none"> • Central Office • District Managers • Permanency Casework Supervisors
39.	Does CW track the skills and capabilities of substitute care	4	<ul style="list-style-type: none"> • Permanency Caseworkers

	Focus Group Question	Research Question	Participant Group
	providers to ensure appropriate matching for children and their placement providers?		<ul style="list-style-type: none"> • Permanency Casework Supervisors • Adoption Section Staff
40.	Does CW prioritize the use of the least restrictive placement?	4	<ul style="list-style-type: none"> • Central Office • District Managers • Permanency Caseworkers • Permanency Casework Supervisors
41.	Does CW leadership support the recruitment, retention, and support of substitute care providers?	4	<ul style="list-style-type: none"> • Central Office • District Managers • Caseworkers • Casework Supervisors
42.	Does CW conduct ongoing searches for relatives of children in substitute care?	5	<ul style="list-style-type: none"> • District Managers • Permanency Caseworkers • Permanency Casework Supervisors • Adoption Section Staff
43.	Does CW frequently use temporary placements for children in substitute care?	5	<ul style="list-style-type: none"> • District Managers • Permanency Caseworkers • Permanency Casework Supervisors
44.	Does CW prioritize the placement of children with relatives?	5	<ul style="list-style-type: none"> • District Managers • Permanency Caseworkers • Permanency Casework Supervisors
45.	Does CW adequately assess prospective adoptive parents to determine an appropriate match?	5	<ul style="list-style-type: none"> • District Managers • Adoption Section Staff
46.	Does CW collaborate with the courts to ensure timely permanency hearings?	5	<ul style="list-style-type: none"> • Central Office • District Managers • Permanency Caseworkers

Focus Group Question	Research Question	Participant Group
		<ul style="list-style-type: none"> • Permanency Casework Supervisors
47. In what ways does CW make concerted efforts to achieve permanence in a timely manner?	5	<ul style="list-style-type: none"> • Central Office • District Managers • Permanency Caseworkers • Permanency Casework Supervisors
48. Does CW recommend placement decisions based on the identified needs and permanency plan of the child?	5	<ul style="list-style-type: none"> • Permanency Caseworkers • Permanency Casework Supervisors
49. Does CW appropriately match children to substitute care placements based on the needs of the child and the capability of the providers?	5	<ul style="list-style-type: none"> • Permanency Caseworkers • Permanency Casework Supervisors
50. Does CW follow federal requirements for placement preferences for Native American or Alaska Native children?	5	<ul style="list-style-type: none"> • Central Office • District Managers
51. Does CW utilize a case review process to understand and improve barriers and strengths regarding permanence for children in substitute care?	5	<ul style="list-style-type: none"> • Central Office • District Managers
52. Does CW leadership encourage improving permanence for children in substitute care?	5	<ul style="list-style-type: none"> • Central Office • Permanency Caseworkers • Permanency Casework Supervisors
53. Does CW identify permanency goals appropriate to the needs of the child?	6	<ul style="list-style-type: none"> • District Managers • Permanency Caseworkers • Permanency Casework Supervisors


Focus Group Question	Research Question	Participant Group
54. Does CW create permanency plans based on the identified needs of the child?	6	<ul style="list-style-type: none"> • District Managers • Permanency Caseworkers • Permanency Casework Supervisors
55. Does CW recommend changes in placement based on the identified needs and permanency plan of the child?	6	<ul style="list-style-type: none"> • District Managers • Permanency Caseworkers • Permanency Casework Supervisors
56. Does CW collaborate with families and children to identify and improve barriers regarding permanency planning?	6	<ul style="list-style-type: none"> • District Managers • Permanency Caseworkers • Permanency Casework Supervisors
57. Does CW collaborate with the courts to identify and eliminate barriers regarding permanency planning?	6	<ul style="list-style-type: none"> • Central Office • District Managers
58. Does CW utilize a case review process to understand and improve barriers and strengths in permanency planning?	6	<ul style="list-style-type: none"> • Central Office
59. Does CW leadership advocate for improving permanency planning?	6	<ul style="list-style-type: none"> • Central Office • District Managers
60. Does CW identify necessary services for children based on the assessment(s)?	7	<ul style="list-style-type: none"> • Central Office • District Managers
61. Does CW identify necessary services for parents based on the assessment(s)?	7	<ul style="list-style-type: none"> • Central Office • District Managers
62. Does CW identify necessary services for substitute care providers based on the assessment(s)?	7	<ul style="list-style-type: none"> • Central Office • District Managers • Permanency Caseworkers

Focus Group Question		Research Question	Participant Group
			<ul style="list-style-type: none"> • Permanency Casework Supervisors
63.	Does CW utilize a case review process to inform and improve individualized assessments for children and families?	7	<ul style="list-style-type: none"> • Central Office • District Managers
64.	Does CW leadership encourage individualized assessments for children and families?	7	<ul style="list-style-type: none"> • Central Office • District Managers
65.	Does CW maintain a sufficient capacity of substitute care placements to serve children living with high needs?	8	<ul style="list-style-type: none"> • Central Office • Permanency Caseworkers
66.	Does CW provide appropriate services to meet children's identified needs?	8	<ul style="list-style-type: none"> • Central Office • District Managers
67.	Does CW provide appropriate services to meet the identified needs of children who identify as LGBTQIA+?	8	<ul style="list-style-type: none"> • Central Office • District Managers • Caseworkers • Casework Supervisors
68.	Does CW provide services and supports to the family throughout the duration of the case to prepare for reunification?	8	<ul style="list-style-type: none"> • Permanency Caseworkers • Permanency Casework Supervisors
69.	Does CW address the underlying conditions for removal before returning children to their parents' care?	8	<ul style="list-style-type: none"> • Permanency Caseworkers • Permanency Casework Supervisors
70.	Does CW adequately assess independent living skills?	8	<ul style="list-style-type: none"> • District Managers • Permanency Caseworkers
71.	Does CW provide services based on the assessment of a youth's independent living skills and needs?	8	<ul style="list-style-type: none"> • Permanency Caseworkers • Permanency Casework Supervisors

	Focus Group Question	Research Question	Participant Group
72.	Does CW provide services necessary to parents so they can achieve case goals?	8	<ul style="list-style-type: none"> • Permanency Caseworkers • Permanency Casework Supervisors
73.	Does CW provide services necessary to parents in order to support them meeting their conditions for return?	8	<ul style="list-style-type: none"> • Permanency Caseworkers • Permanency Casework Supervisors
74.	In what ways does CW provide safe spaces for youth who identify as LGBTQIA+?	8	<ul style="list-style-type: none"> • Central Office • District Managers • Caseworkers • Casework Supervisors • Adoption Section Staff • Safety Consultants
75.	In what ways does CW provide services that address sexuality, gender-based needs, and the process of coming out for LGBTQIA+ youth?	8	<ul style="list-style-type: none"> • Central Office • District Managers • Caseworkers • Casework Supervisors
76.	Does CW utilize a case review process to inform and improve the barriers and strengths in providing services to meet the needs of children and families?	8	<ul style="list-style-type: none"> • Central Office • District Managers
77.	Does CW ensure that services are provided as recommended in the case plan?	9	<ul style="list-style-type: none"> • District Managers • Casework Supervisors
78.	Does CW adequately involve families throughout the case planning process?	9	<ul style="list-style-type: none"> • Caseworkers • Casework Supervisors
79.	Does CW adequately involve tribes throughout the case planning process?	9	<ul style="list-style-type: none"> • Central Office • District Managers
80.	Does CW provide training and coaching for staff on best practices in case planning?	9	<ul style="list-style-type: none"> • Caseworkers

Focus Group Question	Research Question	Participant Group
81. Does CW utilize case review processes for identifying and improving barriers to case planning?	9	<ul style="list-style-type: none"> • District Managers • Casework Supervisors
82. Does CW leadership advocate for improving case planning?	9	<ul style="list-style-type: none"> • Central Office • District Managers
83. Does CW allow for sufficient and quality family interactions between children and parents to preserve family connections?	10	<ul style="list-style-type: none"> • Caseworkers • Casework Supervisors
84. Does CW facilitate sufficient family interaction to prepare parents and children for reunification?	10	<ul style="list-style-type: none"> • Permanency Caseworkers • Permanency Casework Supervisors
85. Does CW maintain the child's connections to their community, faith, extended family, tribe, and school?	10	<ul style="list-style-type: none"> • District Managers • Permanency Caseworkers • Permanency Casework Supervisors
86. Does CW facilitate contact between children and their siblings in accordance with the Family Support Services Case Plan?	10	<ul style="list-style-type: none"> • Permanency Caseworkers • Permanency Casework Supervisors
87. Does CW prioritize placing siblings together when possible and appropriate?	10	<ul style="list-style-type: none"> • Permanency Caseworkers • Permanency Casework Supervisors
88. Does CW provide training and coaching for staff on best practices for maintaining connections with children, their families (including siblings), and their community, faith, extended family, tribe, and school?	10	<ul style="list-style-type: none"> • Permanency Caseworkers
89. Does CW utilize a case review process that informs and improves connections with children, their families (including	10	<ul style="list-style-type: none"> • District Managers • Permanency Caseworkers

Focus Group Question	Research Question	Participant Group
siblings), and their community, faith, extended family, tribe, and school?		<ul style="list-style-type: none"> • Permanency Casework Supervisors
90. Does CW leadership encourage improving connections between children in substitute care and their families?	10	<ul style="list-style-type: none"> • Central Office • District Managers
91. Does CW provide support to its workforce to prevent staff turnover?	11	<ul style="list-style-type: none"> • Central Office • District Managers • Caseworkers • Casework Supervisors • Safety Consultants • Adoption Section Staff
92. Does CW regulate caseloads for caseworkers to ensure they can meet the needs of children and families under their supervision?	11	<ul style="list-style-type: none"> • District Managers • Caseworkers • Casework Supervisors
93. Does CW adequately train caseworkers prior to their direct work with families?	11	<ul style="list-style-type: none"> • Caseworkers
94. Does CW adequately train caseworkers on an ongoing basis?	11	<ul style="list-style-type: none"> • Caseworkers
95. In what ways does CW provide adequate supervision to child welfare caseworkers and middle managers?	11	<ul style="list-style-type: none"> • District Managers • Casework Supervisors



Oregon Child Welfare Review Draft Assessment Findings Report

Report to: Markowitz Herbold
Date: December 15, 2023



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1 Executive Summary

In 2016, Public Knowledge® (PK) was engaged by the State of Oregon to complete an independent review of the Oregon Department of Human Services (ODHS) delivery of child welfare services. Public Knowledge® presented findings and recommendations for improving Oregon's child welfare system in the 2016 *Child Safety in Substitute Care Final Report*.

For this review, PK conducted a comprehensive independent assessment of ODHS' child welfare policies, procedures, leadership, data, and improvement efforts made since 2016. The PK team collected and analyzed primary and secondary data on the Oregon Child Welfare System using findings from the 2016 *Child Safety in Substitute Care Final Report* and the Complaint as a baseline for the research questions. PK found that Oregon has made progress throughout the child welfare system since 2016. Children and families involved in the child welfare system are better off today than in 2016. Far from being deliberately indifferent, Child Welfare has consistently worked to meet the needs of children and young adults under its supervision, and is committed to continuously improving its service delivery.

Our overall finding is that Oregon CW has made progress for children, young adults, and families since 2016.

PK's analysis concluded that CW has made progress for children, young adults, and families in many areas of practice since 2016. The supporting findings, outlined in the table below, demonstrate ODHS's commitment to transforming child welfare in Oregon. This assessment was filtered through 11 research questions covering the various areas of child welfare practice in Oregon. In addition to the overarching progress finding, PK produced a finding for each research question. Section 4 of this report provides additional detail on the supporting evidence for each finding and illustrates the strategies and approaches CW took to improve services and outcomes. Of the 11 research areas, PK found that CW has made significant progress in four. The findings below reflect CW's progress since 2016, while acknowledging there is more work to do in areas such as tracking the capacity of resource homes, placement stability, timeliness to permanence, statewide service provision, and staff training.



Table 1. Research Question Findings



Research Question Topic	Finding
Safety for Children Under Child Welfare Supervision	Since 2016, Oregon made progress in this area by implementing multiple recommendations from the 2016 <i>Oregon Department of Human Services Child Safety in Substitute Care Independent Review</i> . CW also implemented the Vision for Transformation in 2020 with safety at the forefront. CW has made progress since 2016 in assessing safety through reporting and screening allegations, timeliness of assessments, in-home services, enhancing the safety of children in substitute care, and using data to improve safety.
Organizational Culture of Child Welfare 	Since 2016, Oregon has made significant progress in improving and prioritizing the agency culture led by the Vision for Transformation. The Executive Leadership Team infuses the Vision for Transformation's guiding principles into each aspect of child welfare practice.
Data-Driven Decision-Making and Quality of Services Offered	Since 2016, Oregon has made consistent progress to improve data-driven decision-making and the quality of services. Building capacity to be data-driven has been a leadership priority, evidenced by regular technology upgrades and a solid financial investment. Data-driven decision-making is a priority for national child welfare practice, and CW's focus is encouraging improvement.
Resource Parent Recruitment, Retention, and Support 	Since 2016, Oregon has significantly improved recruitment, training, and support to resource families. CW has implemented targeted recruitment to meet the needs of specific children and is collaborating across the child-serving system to increase capacity for resource homes. CW has increased service provision to resource families and improved the training based on feedback from resource parents and community members. While CW has yet to improve the ability to track the capacity of resource homes, this does not outweigh the significant progress in other areas. These improvements in practice have not yet resulted in better outcomes for children, as Oregon's placement stability data has not improved.



Table 1. Research Question Findings

Research Question Topic	Finding
Permanence for Children in Substitute Care	Since 2016, Oregon Child Welfare has made progress in improving the prioritization of permanency for children in substitute care through the Vision for Transformation and its initiatives. Despite the improvements, the data shows that it has taken longer for children and young adults to reach permanence over the past two years, due in part to delays because of COVID-19.
Permanency Planning	<div><div>SIGNIFICANT</div><div>PROGRESS</div></div> Child Welfare made significant progress to improve permanency planning during the identified timeframe. This progress is evidenced by a shift from compliance to engagement in the work with families, the appointment of a Deputy Director with a rich history in permanency practice, the convening of a Permanency Advisory Council, the use of the CANS assessment to create data-driven permanency plans, and more timely permanency hearings.
Individualized Assessments for Children and Families	Since 2016, CW has made progress by expanding the use of existing assessments and added new assessments and policies to gather information from children, young adults, and families. The scope of the assessments CW offers allows caseworkers and supervisors to gather a comprehensive picture of each family's needs to tailor the services, permanency plan, and case plan appropriately.
Service Provision Based on Assessed Needs	Since 2016, CW has improved service provision that meets the assessed needs of children and families. It is an ongoing challenge for CW to provide the breadth and depth of services to meet the complex needs of children who are in out of home care, however, evidence from surveys, focus groups, and CFSR results indicates that there has been substantial improvement in the ability of CW to meet children's mental health needs. CW has also expanded partnerships and collaboration to expand access to services, but there is still concern that service availability is uneven throughout the state.



Table 1. Research Question Findings

Research Question Topic	Finding
Case Planning	Since 2016, CW has improved completion of case plans as well as including families and tribes in the process. CW has implemented tools such as quality assurance (QA), continuous quality improvement (CQI), and the Family Report to focus on case planning and ensuring the plans are inclusive.
Family and Community Connections for Children in Substitute Care	Since 2016, Oregon has made significant progress in this area, framed by the Vision for Transformation and multiple new efforts to connect children to their families and communities. The Vision for Transformation underscores the importance of these connections by stating: “We all know that infants, children, adolescents, and young adults do best growing up in a family that can provide love, support, life-long learning, shared values, and important memories.” ¹
Child Welfare Staffing Resources	Oregon made progress in improving staffing resources during the specified timeframe. CW has expanded the leadership team to prioritize equity, training, and workforce considerations and has started tracking caseload data to manage workloads. Even so, CW has had challenges in providing training for caseworkers despite increasing training and coaching resources.

One key aspect of CW’s commitment to progress and improvement is the **Vision for Transformation** which CW introduced in 2020. The Vision for Transformation outlines CW’s goal to transform the Child Welfare Division into one that “supports the individual needs of families and best serves Oregon’s children and young people.”² The Vision for Transformation is framed by three guiding principles demonstrating CW’s comprehensive commitment to improvement: supporting families and promoting prevention, enhancing staff and infrastructure, and enhancing the system’s structure by using data with continuous quality improvement. Since launching the Vision for Transformation, CW has changed practice across the state and engaged partners, staff, stakeholders, and those with lived experience to inform this transformation. CW also built a continuous quality

¹ Oregon Department of Human Services. (2020). *Oregon Child Welfare Division Vision for Transformation* – <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/de2445.pdf>

² About the Vision for Transformation. <https://www.oregon.gov/odhs/child-welfare-transformation/pages/default.aspx>



improvement (CQI) system to inform implementation, acknowledge strengths, and identify gaps from which to improve.

Along with the progress initiated by CW, the Oregon legislature has made significant investments over the past several years to improve CW outcomes. These investments include millions of dollars for new positions to recruit resource and respite families, development of a comprehensive child welfare information system (CCWIS), staffing the Oregon Child Abuse Hotline (ORCAH), development of a mentoring program, development and implementation of child welfare training, supporting the Independent Living Program, and designing Family Preservation Services. In addition to funding for staffing, ODHS and CW received funds for programs such as KEEP (Keeping Foster and Kin Parents Supported and Trained), therapeutic foster care, increases to rates for behavioral rehabilitation services, mental health services, independent living, respite care, transportation, in-home services, and support to families and providers during the COVID-19 pandemic.

The legislature also recently approved increases for rates paid to resource families, which will go into effect in July 2024. This financial support from the legislature prioritizes the work of CW and reinforces the progress ODHS and CW have made in recent years. Child welfare agencies across the country typically operate on limited budgets, and these investments from the legislature demonstrate confidence in the direction CW has been heading in the last several years.

This assessment was conducted with the lens of implementation science, which shows that progress and improvement should be slow and planful. As explained in the Guiding Principles below, planful implementation takes time and occurs in stages.⁴ The goal should be a commitment to continued improvement and a consistent evaluation of progress and continued needs. Oregon CW has made such a commitment by acknowledging their progress while simultaneously having plans in place to continue improving.



2 Assessment Scope

In April 2019, a federal class action lawsuit was filed against Oregon’s Governor Kate Brown and the Oregon Department of Human Services child welfare system and its leaders. The state contracted with PK to assess the progress that ODHS’ Child Welfare Division (CW) has made to improve the child welfare system since 2016. This assessment reviewed the policies, programs, and data for the Oregon Child Welfare System from September 2016 to present. The scope of this assessment includes all children under CW supervision, with a particular focus on children in substitute care and those in the subclasses included in the pleadings:

- Children living with high needs referred to as the “ADA sub-class” in the complaint.
- Older young adults referred to as the “aging out sub-class” in the complaint.
- Children or young adults who identify as LGBTQIA2S+ referred to as the “SGM sub-class” in the complaint.³

The scope of this assessment is broader than the 2016 *Child Safety in Substitute Care Final Report*. There are 11 areas of focus, represented by the 11 research questions, whereas in 2016 there were two. In 2016, the focus was on the capacity of substitute care placements to meet the needs, and CW’s responses to abuse in substitute care. In contrast, this assessment includes policy and program changes across the child welfare system, especially on child safety and meeting the needs of children and families. The 2016 assessment included only children in substitute care, but this assessment incorporates all children under ODHS supervision. Despite these differences, the two assessments address similar topics including appropriate and inappropriate placement decisions, determination of needs, preparation of resource parents, recruitment of resource parents, retention and support of resource parents, communication throughout the child welfare system, addressing bias in screening and placement, the capacity of and appropriate resource home resources, and determination of appropriate providers.

2.1 Guiding Principles

The following principles guided this assessment. They are based on the guiding principles that also guided the 2016 assessment, with some adjustments for the broader scope of this review.

³ Class Action Complaint, *Wyatt B. et al., v. Brown, et al.*, USDC, District of Oregon, Case No. 3:19-cv-00556.



- **Measure progress by incremental effort and improvement.** Progress does not require achievement of a particular outcome or standard but rather improvement from the baseline data at the start of the identified timeframe.
- **Apply the tenets of implementation science to policy and practice changes.** Using implementation science requires defining effective interventions, establishing how practice needs to change, identifying responsible parties, and pinpointing where in the system the effective interventions will be most successful. To achieve positive and sustainable outcomes interventions must be research-based, tailored to children and families' needs, implemented deliberately and in an adaptive manner, and supported by an engaged environment and intentional learning. This deliberate implementation takes time and occurs in stages, including exploration, installation, initial implementation, and full implementation.⁴ CW has implemented new and improved practice across the system, and it will take time to see the full impact of those changes.
- **Consider the implications for all children under CW supervision.** The scope of the assessment includes all children under CW supervision, with a particular focus on children in substitute care. Specific consideration for each research question will be given to members of each subclass referenced in the complaint.
- **Use a child-driven perspective.** Be guided first and foremost by the child's experience. The goal of this assessment is to recognize systemic improvements made to improve the experience of children in CW supervision and keep them safe throughout the duration of their case.
- **Measure improvements in agency culture by the increased prioritization of child safety.** Leadership drives agency culture through development and implementation of its mission and vision. The agency culture was evaluated through the lens of its commitment to prioritizing child safety in policies, rules, and procedures. Leadership messaging, communications, priorities identified in continuous quality improvement processes, and allocation of staff resources were assessed. Organizational culture is difficult to quantify, so progress in the agency culture was measured by the commitment to prioritizing child safety in policies, rules, and laws.
- **Base findings on facts and be transparent about sources.** Throughout this review, PK began with facts and quantitative data where possible and corroborated with qualitative data. PK also included the perceptions of stakeholders as a data source

⁴ National Implementation Research Network (NIRN) and Casey Family Programs. (August 2017).

Implementing Evidence-Based Child Welfare: The New York City Experience.

<https://nirn.fpg.unc.edu/sites/nirn.fpg.unc.edu/files/resources/evidence-based-child-welfare-nyc.pdf>

(See generally pp. 17–18)



about their experiences in the child welfare system and how those experiences influence policy and systems change. PK cited sources for each finding.

- **Apply systems thinking to see the whole picture.** The lengthy list of subtopics in this review allowed PK to meaningfully research the overarching question of improving safety for children in foster care. PK believes the topics covered by each research question encompass the salient aspects of the child welfare system and allowed for comprehensive assessment of system improvements and areas still needing attention. Research on implementation science shows that implementation takes three to five years, and if organizations maintain fidelity to policy and practice models are followed, improvements will be seen in the quantitative and qualitative data.

2.2 Constraints

2.2.1 COVID-19 Pandemic

The global pandemic impacted the assessment in multiple ways. The first impact required PK to hold all interviews, focus groups, and meetings virtually.

The pandemic also impacted the workforce by complicating the availability of stakeholders, adding strain associated with working remotely, and eventually adding pressure with having to return to in-person work. Although working remotely did cause stress for workers, the virtual environment also lessened their workload and allowed them to be more productive because they conducted their tasks virtually and did not spend time traveling to meetings and court hearings.⁵

Recent data cannot draw the conclusion that the pandemic increased or decreased vacancy rates⁵, however, CW leadership received anecdotal evidence that workforce retention decreased during the pandemic in some areas of Oregon due in part to the statewide COVID-19 vaccine mandate that was implemented in October 2021. However, there is no exit data specifically stating that members of the workforce left due to the mandate, and the retention data shows that only a small number of staff left due to the mandate. Staff retention rates were steady prior to the vaccine requirements and up until October 2021. Staff exits in 2022 are likely part of the global Great Resignation.

Although, the vaccine mandate did have an impact in another way. ODHS staff were able to request a waiver to the vaccine mandate, and Human Resources (HR) staff were responsible for responding to the waiver requests, leaving them unable to focus on compensation, new

⁵ Effective System Innovations. (2023). *COVID-19 Pandemic Effects on Services for Children and Young Adults*, Oregon Department of Human Services and Oregon Health Authority.
<https://www.oregon.gov/odhs/data/cwdata/cw-pandemic-effects-report-2023-04-06.pdf> (p. 11)



hires, and other workforce recruitment efforts. CW leadership shared that some HR processes were delayed months due to the need to respond to vaccine waiver requests.

In addition to the impact to ODHS and CW staff, the pandemic restrictions caused workforce shortages in mental health, residential treatment, substance use treatment, and other services. These shortages had a broader impact on service delivery and prevented timely access for children and families. These deferred mental health assessments and services prevented children and parents from participating in required services, leading to delays in permanency outcomes.

The number of resource homes decreased by 16 percent during the pandemic, and the number of new certifications decreased by 30 percent between March 2020–March 2022.⁵ Because the number of children and young adults in care has also decreased, the ratio of children and young adults to available homes continues to improve. Child welfare data shows that between December 2019 and April 2023, the number of total resource homes decreased from 4,021 to 3,026, and the number of children in care decreased from 7,136 to 4,857.⁶

Court closures during COVID–19 delayed the timeliness of hearings and, subsequently, time to permanence. Court decision–making was impacted due to the closures and reopening of local courts and the statewide inconsistency of these openings and closures following COVID–19 lockdowns. Oregon did not pass CFSR Item 6 (whether the agency made concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangements) in 2016, and the delays in hearings prevented ODHS from making progress on their PIP for this item.

Due to these restrictions, initial placements and placement changes required quarantine before initial placement or change of placement. Some quarantine placements were available, and increased stipends were provided to resource parents and Behavior Rehabilitation Services (BRS) willing to care for children and young adults with COVID–19.

Depending on travel restrictions, family interaction was limited, including visits to family in different counties or states. Delaying family visits created setbacks for permanency outcomes as caseworkers were unable to assess the success of family interaction.

Unhoused families faced additional challenges as low–income housing was less accessible during the pandemic. The Children’s Public Private Partnership (CP3)⁷ program worked with ODHS to support families involved in the child welfare system to help children exit foster care and access affordable housing. The pilot CP3 program in Marion County began in

⁶ ODHS Child Welfare Division Progress Report. (May 2023). <https://www.oregon.gov/odhs/child-welfare-transformation/progressreports/cw-progress-report-2023-05.pdf> (p. 10)

⁷ Children’s Public Private Partnership. www.cp3oregon.org



2020 and supported over 37 children and families. Additionally, CW partnered with Every Child, an agency dedicated to recruiting resource families, early in the pandemic to address the retention of resource parents. Every Child expanded their My NeighbOR program, which provides clothing, groceries, and educational support to families and youth involved with foster care, to families of origin in 2020.

Statewide, the state experienced a nearly 20 percent drop in the number of children out of home during the pandemic, reaching a low of 5,552. That is down from 9,745 at the start of 2006 and from a more recent 2018 peak of nearly 7,900. The number of placements has not been lower since the state began tracking the metric.

2.2.2 Disconnect Between Data and Perception

During this assessment, individual perceptions were gathered from interviewees and focus group participants, then compared to quantitative data. There were multiple instances where the qualitative responses did not match the quantitative data, highlighting a disconnect between impressions, perceptions, and the evidence. One example is the shared opinion that caseworkers had very high caseload numbers and their workloads were unmanageable, but the quantitative data do not agree.

This disconnect also demonstrates the lag between initial implementation and statewide adoption and is expected when implementing new initiatives, policies, or requirements. As discussed earlier in this report, implementation science shows that organizational change takes time. PK saw this in different areas of this assessment and heard from both staff and leadership that CW was progressing, but more work was needed.

2.2.3 Departure of Rebecca Jones Gaston

Ms. Jones Gaston led the agency from November 2019 until she left Oregon for the federal Administration for Children and Families in December 2022. Her three-year tenure exceeded the average of child welfare directors nationally, with many directors turning over every 18–24 months. Ms. Jones Gaston steered the development of the Vision for Transformation, which guided CW through an organizational culture shift and informed revisions of policy, procedure, and practice to focus on equity and workforce development. Aprille Flint-Gerner was promoted from Child Welfare Deputy Director to Child Welfare Director in July 2023. Ms. Flint-Gerner, along with Lacey Andresen, who has served as Child Welfare Deputy Director for over three years, continue to move the Vision for Transformation forward.



2.2.4 Unknown Timeframe

The expected trial date for this case is unknown and subject to change due to a myriad of factors, including restrictions related to COVID-19. Collecting data is a point-in-time activity, and data were current when this report was submitted.

2.2.5 Inconsistent Policy Dates

PK's review included a comparison of the 2016 Oregon Child Welfare Procedure Manual and the Oregon Child Welfare Procedure Manual dated October 4, 2021. This review revealed that certain appendices in the 2016 version are dated 2018, leading to an unknown error in updates by date.

2.3 Assumptions

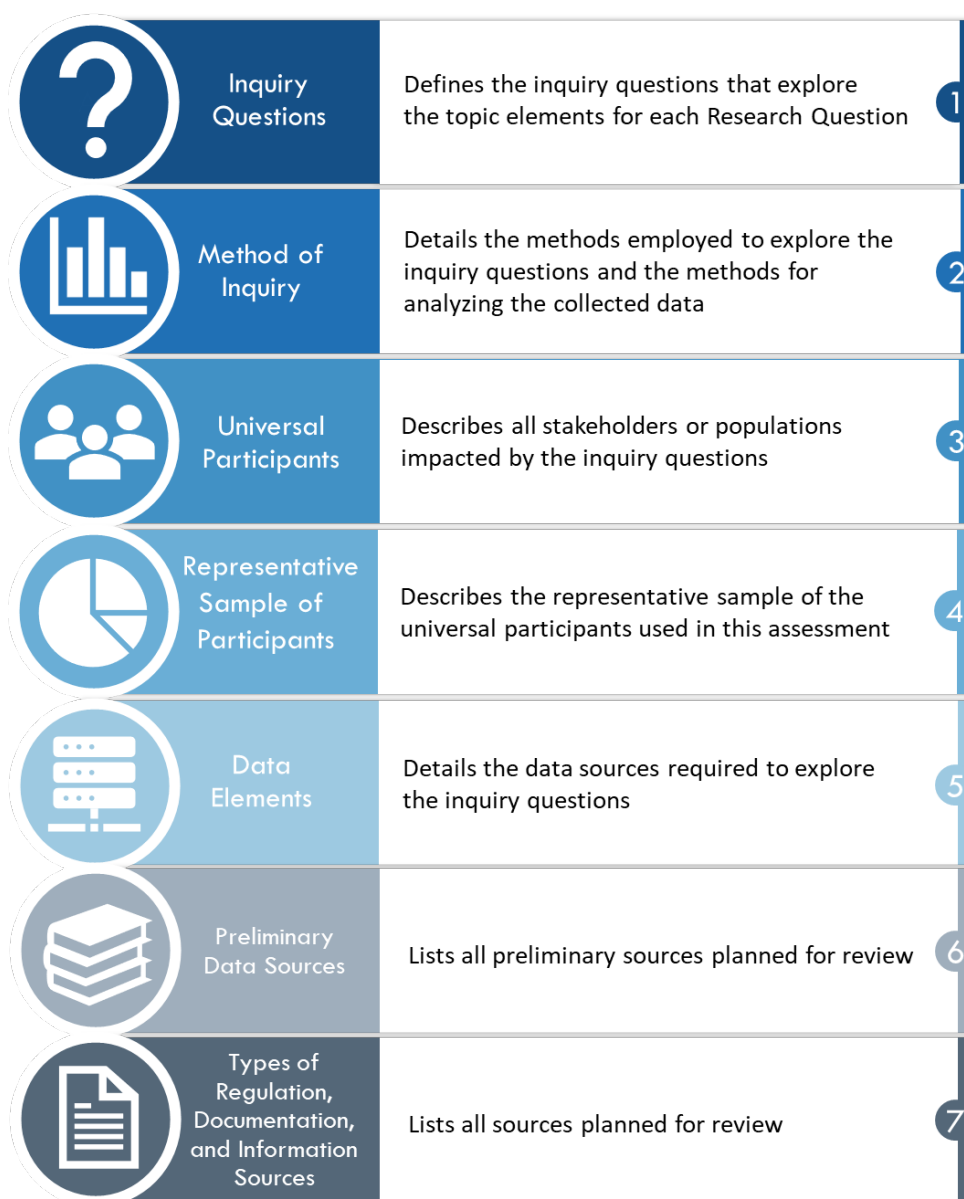
- **Document Retention.** During a typical assessment, PK would not retain notes from focus groups and interviews beyond the drafting of the findings. The nature of this project and the lawsuit required the retention of those notes. These notes are working documents and prone to grammatical errors. They are also from one data point rather than themes and should not be used to make conclusions or findings.
- **Terminology.** "Child" and "young adult" are used interchangeably throughout this report. The Oregon Department of Human Services Child Welfare Procedure Manual is referred to by its full title or simply by "Procedure Manual." PK's assessment reviewed the 2016 Procedure Manual, and the version of the 2021 Procedure Manual dated October 4, 2021.
- **Baseline Data.** For the research questions that were not based on findings in the 2016 review, the baseline was set from data within the same time in 2016. For example, Oregon completed Round 3 of the Child and Family Services Review (CFSR) in September 2016, so data are included in this assessment that originated from the CFSR results.

3 Methodology

3.1 Inquiry Protocol

PK's Seven-Element Inquiry Protocol, shown in the figure below, aims to ensure understanding of the strategies, tools, and techniques the review team employed to conduct this comprehensive assessment. This protocol is Public Knowledge®'s methodology for all assessments regardless of the project.

Figure 1. Seven-Element Inquiry Protocol



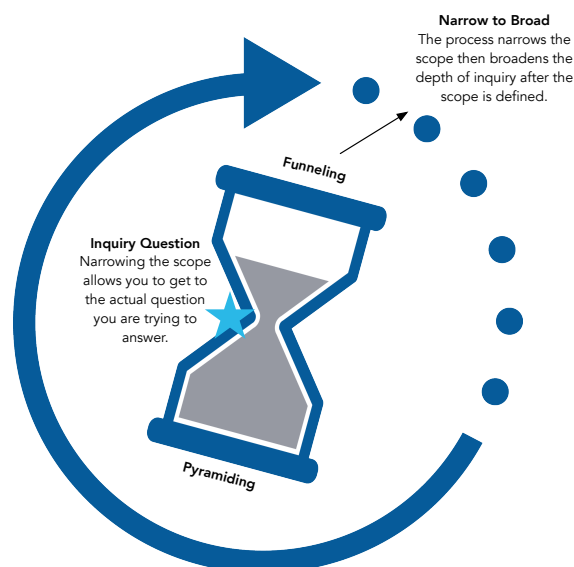


3.2 Research Questions

The assessment centered on the research questions, which were developed by starting with the overarching focus of keeping children safe while they are under the supervision of CW, whether they remain in their homes or are placed in substitute care. Following a thorough review of the pleadings, the Public Knowledge® *2016 Child Safety in Substitute Care Independent Review Final Report*, and supporting documents, PK identified a broad list of topical areas represented by the top of the hourglass in Figure 2, below. From there, PK narrowed the focus on each part of the child welfare system to build the 11 questions, represented by the narrowest part of the hourglass. PK then expanded on these to develop a comprehensive set of inquiry questions represented by the bottom of the hourglass.

Figure 2. Approach to Developing Research Questions

Public Knowledge Approach to Developing Research Questions



The research questions evaluated the following topic areas:

1. Safety for children under child welfare supervision
2. The organizational culture of child welfare
3. Data-driven decision-making and quality of services offered
4. Resource parent recruitment, retention, and support
5. Permanence for children in substitute care
6. Permanency planning
7. Individualized assessments for children and families



8. Service provision based on assessed needs
9. Case planning
10. Family and community connections for children in substitute care
11. Child welfare staffing resources

The findings for each topical area are outlined in section four.

3.3 Data Collection

The methodological approaches were qualitative and quantitative. Data was collected from multiple sources, including child welfare staff, stakeholders, and leadership. Systemic and individual outcomes were analyzed. The data analysis included collecting and visualizing quantitative data and studying qualitative data collected during interviews, focus groups, and the online survey. This approach provides the most comprehensive data, including outcomes from the quantitative analyses provided during the interviews, focus groups, and survey responses. The analysis included data gathered from interviews, focus groups, an online survey, and the review of relevant documents.

These inputs to the assessment process allows PK to provide a comprehensive review and answer all 11 research questions.

3.3.1 Interview Protocol

The PK team conducted 27 individual interviews with key participants to gather their perspectives on progress made since 2016. PK interviewed management and leadership staff to gather their views on the current and recent past state of the child welfare system in Oregon. Four interviewees have interviewed twice: Rebecca Jones Gaston, Aprille Flint-Gerner, Lacey Andresen, and Kristen Khamnohack. Ms. Jones Gaston, Ms. Flint-Gerner, and Ms. Andresen were interviewed again to discuss the upcoming change in organizational structure with Ms. Jones Gaston's departure, and Ms. Khamnohack was interviewed a second time to gather additional information specific to the Oregon Child Abuse Hotline (ORCAH).

3.3.2 Focus Group Protocol

The PK team facilitated 11 role-based focus groups to allow members of different groups within child welfare to share their opinions and feedback. Focus groups allowed participants to share experiences with their peers, and the shared discussion encouraged engagement in the conversation. Focus group participants were invited from all areas of the state and included a mix of large, small, urban, and rural counties. The Oregon child welfare system tenure for focus group participants ranged from 4 months to 37 years.



3.3.3 Survey Protocol

The PK team administered an online survey to collect information from various stakeholder groups. The purpose of the survey was to gather feedback widely from members of the child welfare division. The survey allowed PK to collect qualitative data from a larger statewide sample of CW employees than was possible with interviews and focus groups.

The survey was open for three weeks to provide participants ample time to share their feedback, and several reminders were sent during that period. Approximately 1,800 child welfare staff were invited to complete the survey, and 958 people participated, producing a 53 percent response rate.

3.3.4 Document Review

The PK team reviewed relevant documents, including policies, procedures, statutes, data, and reports to research progress made since 2016. Appendix D is a comprehensive list of documents relied upon, considered, or provided to PK by counsel for the Defendants in this case. To formulate the findings, these supporting documents were compiled with the previous qualitative data analyses and the quantitative analyses described in the next section.



4 Findings

4.1 CW made progress to improve safety for children under ODHS supervision

Finding: Since 2016, Oregon improved safety for children under ODHS supervision. ODHS implemented many recommendations from the 2016 *Oregon Department of Human Services Child Safety in Substitute Care Independent Review*. CW also began implementing the Vision for Transformation in 2020 with safety at the forefront. CW has made progress since 2016 in assessing safety through screening allegations and during in-home services, improving the timeliness of assessments, enhancing the safety of children in substitute care, and using data to improve safety.

4.1.1 Key Themes

Table 2. Key Themes

Key Theme	Description
Implementation of Recommendations from PK's 2016 Report	CW implemented recommendations from Public Knowledge®'s 2016 Report, including redesigning the process of responding to allegations of abuse in care, implementing the centralized Oregon Child Abuse Hotline (ORCAH), developing a standard for closed at screening, and developing procedures for appropriate community involvement to mitigate safety issues for children.
Implementation of the Vision for Transformation	In 2020, CW implemented the Vision for Transformation, intended to completely transform the child welfare system in Oregon. The goal of the Vision for Transformation is that "all children experience safe, stable, healthy lives and grow up in the care of a loving family and community." ⁸
Implementation of a Centralized Child Abuse Hotline	In 2019, CW launched the Oregon Child Abuse Hotline (ORCAH), centralizing all reports of abuse and neglect throughout the state.

⁸ Oregon Department of Human Services. (2020). *Child Welfare Division Vision for Transformation*. <https://sharedsystems.dhsosha.state.or.us/DHSForms/Served/de2445.pdf>



Key Theme	Description
Implementation of New Ways to Assess Safety	Oregon improved screening through the implementation of the Structured Decision Making® Screening and Response Time Assessment Tool. Oregon still meets timeliness goals and persistently explores ways to continue improving. CW has also made progress in improving assessing safety of children under supervision of in-home services by updating procedures to encourage best practice of co-managing work between in-home and substitute care to ensure safety and increased the number of face-to-face visits that caseworkers completed with children.
Using Data to Improve Safety	Oregon uses quality assurance, fidelity and critical incident reviews, and data dashboards to continually improve safety assessment processes.

4.1.2 Implementation of 2016 Recommendations: Summary of Key Theme

Finding: CW implemented many recommendations from PK's 2016 Report, all of which have contributed to the improved safety practice across the state. CW has clarified language, responsibilities, and processes to help screeners, caseworkers, and supervisors keep children safe. The implementation of the Oregon Child Abuse Hotline (ORCAH) is a significant improvement, which will be discussed later in this section.

PK's 2016 *Child Safety in Substitute Care Final Report* included nine findings⁹ and associated recommendations⁹ to improve child welfare practice in Oregon.

Developing a Standard for Closed at Screening

PK's 2016 Report acknowledged that CPS abuse in care reporting, screening, and investigation process was localized and resulted in inconsistent responses to harm in care. The subsequent recommendations were to centralize hotline operations and adopt a standard protocol for "closed at screening."

⁹ Public Knowledge®, *Oregon Department of Human Services Child Safety in Substitute Care Independent Review* (September 13, 2016) (pp. 2–3).



In April 2019, CW launched the Oregon Child Abuse Hotline (ORCAH) centralizing all reports of abuse and neglect throughout the state. More information on implementation of ORCAH is found later in this section.

In January 2021, the Oregon state legislature passed limits on what cases can be closed at screening. The resulting policy change in 2021 clarifies the criteria and process: the screener must close the report at screening when the information describes behaviors, conditions or circumstances that pose a risk to a child but do not meet the definition of abuse¹⁰, or when the screener receives information from reporters that does not meet the statute for assessing reports of abuse or neglect.

Developing Procedures for Appropriate Community Involvement to Mitigate Safety Issues for Children

PK's 2016 Report noted that information that could mitigate safety concerns is not efficiently shared between entities, and CW developed tandem investigation procedures and community engagement strategies to address this.

Since 2016, CW has improved sharing safety information with stakeholders. CW added tandem investigation procedures to the Procedure Manual in 2021. The purpose of a tandem investigation is to have optimum communication, coordination, and collaboration when responding to reports of child abuse involving multiple agency partners. Prior to 2021, the Procedure Manual included information about joint or tandem responses to child maltreatment only when a law enforcement response is required. Tandem investigations are now conducted when a report involves a setting in which the Office of Training, Investigations, and Safety (OTIS) is responsible for investigating.¹¹ The CPS worker is still responsible for all the activities necessary to complete a CPS assessment when conducting a tandem investigation.^{12,13}

CW now shares data with the public for child protective services, in-home family services, foster care, adoption, and the guardianship program via the ODHS website.¹⁴ Central office staff report there are also ongoing discussions with judges and the judicial system about how to better share information.

¹⁰ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (pp. 69–70).

¹¹ OAR 413–015–0215

¹² Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (pp. 415–418).

¹³ *See generally*, OAR 413–015–0415

¹⁴ Oregon Child Welfare Data and Reports. <https://www.oregon.gov/ODHS/CHILDREN/CHILD-ABUSE/Pages/Data-Publications.aspx>.



Redesigning the Process of Responding to Allegations of Abuse in Care

PK's 2016 Report found that CW's response to allegations of abuse in care was confusing and involved too many uncoordinated elements, and there was little to no follow-up on abuse in care investigations. The recommendation was to redesign the process of responding to allegations of abuse in care. The 2016 Report also included the perspective of children and young adults in care, and others, who stated that the process of abuse in care reporting was believed to be untrustworthy.

Since 2016, Oregon has made the following changes to redesign the process of responding to allegations of abuse in care, including:

- The Oregon legislature has implemented changes in responding to allegations of abuse in care by passing Senate Bill (SB) 155 in 2019. SB 155 addressed the increase in child abuse assessments and investigations¹⁵ by dividing responsibilities for assessing and investigating reports of child abuse between CW and the Office of Training, Investigations, and Safety (OTIS). With this new legislation, some reports are directed to OTIS, lessening the burden on CW.
- The 2022 Procedure Manual includes the process to respond to reports of abuse or neglect¹⁶, including a new section for screeners with information on how to handle reports for six different types of calls. This is an improvement over the 2016 Procedure Manual which did not include the specifics for handling different types of calls.
- In addition to redesigning the process of responding to allegations in substitute care, CW made some progress in ensuring the safety of children in substitute care and saw slight improvements since the 2016 Report in key data points like maltreatment in care, face to face visits, and quality assurance (QA) data.
- The most significant indicator of progress in this area comes from QA data which shows a 5.5 percent statewide increase from 2021 to 2022 in appropriately assessing and documenting safety in the case record. Caseworkers document the steps to confirm physical and emotional child safety in their case notes. COVID-19 impacted caseworkers' ability to confirm safe environments because caseworkers were not always able to access the home in person due to COVID-19 safety precautions. Permanency caseworkers confirmed that CW improved escalating concerns about safety issues for children in the CW custody. The Permanency Program continues to focus on supporting caseworkers in confirming safe environments at every face-to-face contact with children. Training is provided to permanency staff regarding how to assess for safety at every face-to-face contact.

¹⁵ ORS 419B.020 and ORS 419B.026

¹⁶ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (pp. 88).



The Permanency Quality Assurance Tool includes a measure on safe environment confirmation. The quality assurance data is coupled with more modest progress in key data points like maltreatment in care and face-to-face visits, both of which improved only slightly from PK's 2016 Report. Child Welfare has not seen progress in all areas, notably recurrence of maltreatment within twelve months.

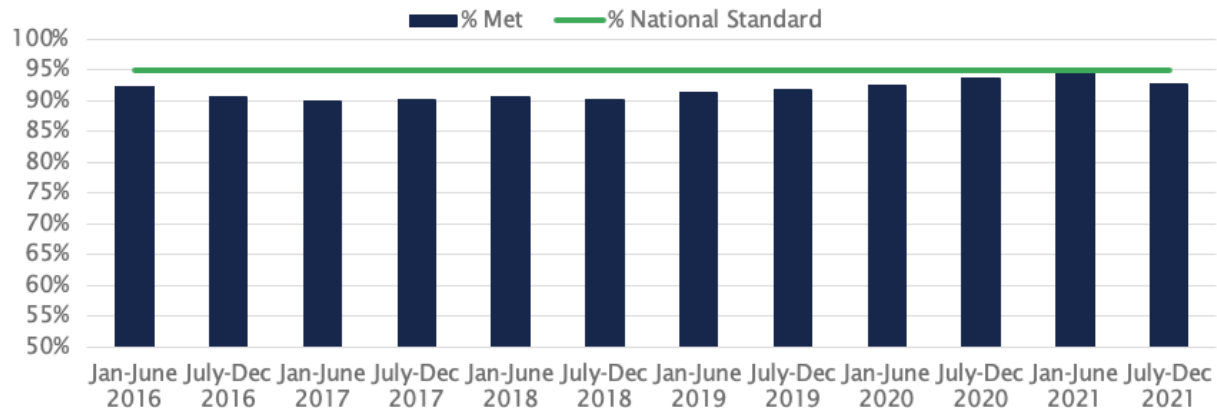
Maltreatment in foster care is the federal data indicator that measures whether the agency ensures that children do not experience abuse or neglect while in care in Oregon. This indicator holds CW accountable for keeping children safe from harm while under the responsibility of the department, no matter who perpetrates the maltreatment.¹⁷ Oregon's data show a slight improvement from the end of 2016 to mid-2022. Additional data are shared in the appendix of this report.

Caseworkers are required to visit children in substitute care monthly at a minimum.¹⁸ Monthly visits are an opportunity for caseworkers to assess child safety and risk, including identification of safety threats, vulnerabilities, and protective capacities. As the number of children in substitute care in Oregon has decreased, the percentage of children with a face-to-face visit increased. From a workload perspective, caseworkers have more time to spend visiting children in care as there are fewer children to visit. COVID-19 did not appear to impact the numbers of face-to-face visits made in 2020. CW's performance for face-to-face visits of caseworkers remains in the 90–94 percent range, as shown in the graphic below.

¹⁷ U.S. Department of Health & Human Services Administration for Children and Families. (2020). *Child Maltreatment*, 31st Year of Reporting.

<https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2020.pdf>

¹⁸ Children's Bureau, Child and Family Services Reviews, *Onsite Review Instrument and Instructions*. (June 2022). <https://www.acf.hhs.gov/sites/default/files/documents/cb/cfsr-r4-osri-fillable.pdf>

Figure 3. Face-to-Face Visits, Foster Care¹⁹

CW provided guidance to caseworkers for facilitating virtual meetings and visits²⁰ during the COVID-19 pandemic. CW provided additional guidance regarding in-person parent and child visits for parents and caregivers that established what to expect from all CW staff and contracted providers.²¹

Maltreatment recurrence is the federal data indicator that measures whether victims of substantiated or indicated maltreatment report another substantiated or indicated maltreatment report within 12 months of the initial victimization. CW saw a slight increase in reports of recurrence of maltreatment within 12 months since 2016, as shown below, however CW's data has one notable limitation. CW stores data on maltreatment reports made by children or young adults based on the date of the report and on the child's location on the date of the report, not the date of the maltreatment incident.²² This means that children or young adults may report maltreatment while they are placed in care, but the maltreatment may have occurred months prior, while they were in their family home.

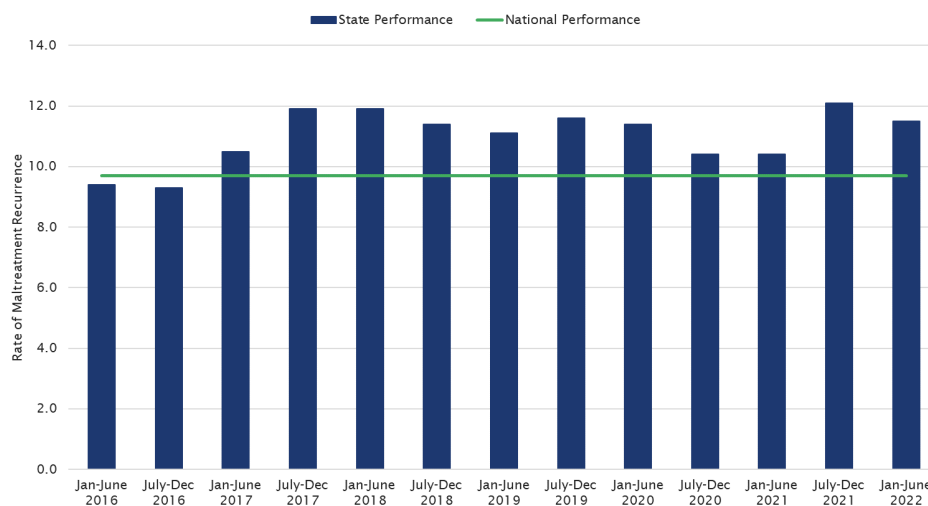
¹⁹ Oregon Department of Human Services, Office of Reporting, Research, Analytics, and Implementation, IC.10, Face-to-Face Required Contacts Completed for Children in Foster Care or In-Home, 4/11/2022.

²⁰ Oregon Department of Human Services, Director's Office, Equity and Multicultural Services. (April 21, 2020). *Guide for Facilitating Inclusive Virtual Meetings*.

<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/de2247.pdf>

²¹ ≈ https://www.oregon.gov/opds/provider/Documents/Reference_13.pdf

²² Lacey Andresen Rule 30(b)(6) Deposition Transcript. (June 15, 2023). (123:22-124:20).

Figure 4. Change in Maltreatment Recurrence from 2016–2022²³

To address recurrence of maltreatment, CW enhanced the safety of children in substitute care by updating the Procedure Manual, ensuring children are assessed for ongoing safety at caseworker visits. It now states for out-of-home care plans, “the case management functions include both safety intervention and safety management. These functions relate to identified safety threats and confirming the child’s environment is safe in substitute care.”²⁴ The 2016 and 2021 Procedure Manuals have detailed sections for how caseworkers should develop out-of-home safety plans. The 2021 Procedure Manual included an updated chapter regarding ensuring children placed in treatment and residential placements are assessed for ongoing safety,²⁵ and the 2023 Procedure Manual retains the same policy.²⁶ The Permanency Quality Assurance Tool, mentioned previously, includes a measure on confirming safe environments. In written case notes, caseworkers document the steps to confirm physical and emotional child safety. Finally, CW now meets best practices in the following areas, all of which relate to enhancing safety and are discussed at various points in this report: targeted recruitment for the needs of children in care, training for resource parents, understanding health care needs of children in care, and caseloads for caseworkers.

Since 2016, CW began requiring that all SSA (Social Service Assistant) and SSS1 (Social Service Specialist 1) staff attend Confirming Safe Environments training as part of their core

²³ Results Oriented Management (ROM) Data Site, Oregon Department of Human Services, Report SA.02, 6/27/2022.

²⁴ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/1/2022, (p. 429).

²⁵ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/1/2022, (pp. 772–798).

²⁶ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 8/23/2023, (pp. 780–807).



pretraining. The training workshop is designed to assist staff in assessing the safety of substitute care placements.

Sharing Information Between Entities

Since 2016, CW built a community engagement website to encourage stakeholder interaction.²⁷ Additionally, they hold Community Connections events every other month and distribute information through a regular community newsletter. CW provides a monthly report to the Governor's Office on the Vision for Transformation as well as specific data and information on child safety. The Child Welfare Advisory Committee (CWAC)²⁸ counsels the agency on the development and administration of policies, programs, and practices. CWAC membership includes representatives from other state agencies; professional, civic, and private organizations; private citizens interested in service programs; and recipients of assistance or services.

CW shares data with the public regarding child protective services, in-home family services, foster care, adoption, and the guardianship program through the ODHS website.²⁹ Central office staff also report ongoing discussions with judges and the judicial system about how to better share information.

4.1.3 Vision for Transformation: Summary of Key Theme

Finding: The implementation of the Vision for Transformation in 2020 helped reframe safety practice within the greater child welfare system. Each aspect of the Vision for Transformation positively impacts child safety and contributes to the overall goal of the vision – all children are safe, stable, and healthy.

The Vision for Transformation, led by the Executive Leadership Team, articulates CW, public, and private partners' beliefs, values, goals, and guiding principles for transforming child welfare work in Oregon. The commitment to and implementation of the Vision for Transformation has significantly contributed to improving safety and outcomes for children throughout Oregon since its inception. The goal of the Vision for Transformation is that "all children experience safe, stable, healthy lives and grow up in the care of a loving family and community," with safety being the first pillar. The prioritization of safety shows a commitment to keeping children and young adults safe and aligns with the recommendations from the 2016 PK assessment. CW and its partners want to ensure that children are safe. The Vision for Transformation states that CW will achieve this by "assessing child safety." The first guiding principle, supporting families and promoting

²⁷ <https://www.oregon.gov/odhs/child-welfare-transformation/Pages/community.aspx>

²⁸ <https://www.oregon.gov/odhs/agency/pages/cwac.aspx>

²⁹ <https://www.oregon.gov/ODHS/CHILDREN/CHILD-ABUSE/Pages/Data-Publications.aspx>



prevention, includes an area of focus on responding to community concerns about child abuse and neglect. CW created a centralized hotline for screening reports of child abuse and neglect in 2019, meeting one of the goals of the Vision for Transformation and taking a solid step toward improving safety for children statewide.

Another area of focus in the Vision for Transformation is safety and fatality review and prevention. This initiative improves the safety of children and young adults by applying the lessons learned from serious injuries and child maltreatment fatalities to prevent future incidents.³⁰ Incorporating this CQI process into critical incidents will reduce such incidents over time and improve safety for children.

The third guiding principle of the Vision for Transformation, enhancing the system's structure by using data with continuous quality improvement, includes an area of focus of CQI and quality assurance systems for evaluation of CW's programs and initiatives. CW uses implementation science to implement ORCAH, Structured Decision Making®, and other strategies outlined in their five-year 2020–2024 Child and Family Services Plan. CW is also using data to drive decision-making, analyzing data for improvements in processes, policies, and systems, and measures progress over time to learn about improving safety for children under CW supervision in all areas of practice. Continuous quality improvement processes are in use and in practice in ORCAH – the Safety Program and Permanency Program. This use of data to drive decision-making processes aligns Oregon with federal expectations and requirements and allows them to make informed decisions for children, young adults, and families. More information about CW's CQI practice can be found in Section 4.3.

4.1.4 Implementation of the Oregon Child Abuse Hotline (ORCAH): Summary of Key Theme

Finding: Oregon's implementation of Centralized Intake has improved safety for children across Oregon. Leadership has addressed issues that have arisen during implementation and used data and their CQI process to improve practice and outcomes.

The most crucial decision in child welfare is assessing the safety of a child in response to an allegation of harm. Screening and assessment protocols have improved through three strategies: implementation of the centralized hotline, adoption of a standard protocol for closed at screening, and implementation of tools to support decision-making.

The Child Welfare Information Gateway publication *Making and Screening Reports of Child Abuse and Neglect* (2022) outlines best practices for screening and responding to reports

³⁰ Oregon Department of Human Services. (2020). *Child Welfare Division Vision for Transformation*. <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/de2445.pdf>



of suspected child abuse or neglect.³¹ CW now meets or exceeds best practices in these four areas, which it did not in 2016:

1. **CW now has clearly defined procedures for screening and responding to reports of suspected child abuse or neglect.** In 2022, CW implemented the Structured Decision Making® (SDM) Screening and Response Time Assessment Tool. Using SDM has helped CW meet best practices with identifying required content for reports of abuse or neglect, criteria for screening reports, investigation or assessment procedures, timeframes for completing investigations or assessments, and the classification of investigative findings. This evidence-based and research-based model identifies the pivotal points in the life of a child welfare case and uses structured assessments to improve the consistency and validity of each decision.
2. **CW changed to the SDM Model to use modernized tools to promote the safety of children and reduce disparate outcomes.** The SDM model for child protection assists agencies and workers in meeting their goals to promote the ongoing safety and well-being of children. The full suite of tools in the SDM model includes clearly defined service standards, mechanisms for timely reassessments, methods for measuring workload, and tools for ensuring accountability and quality controls. Oregon has begun the process of exploring the full suite and has implemented one of the tools as of 2022. The Screening and Response Time Assessment Tool evaluates whether the information reported meets the statutory definition of abuse and, if so, how quickly an in-person child protection services response should occur. The tool supports this decision process by clarifying the definitions and interpretations of child abuse.
3. **CW exceeds best practice by having a specialized unit within centralized intake to prioritize calls received from Law Enforcement.**
4. **CW exceeds best practice by defining special procedures for handling child fatalities and substance-exposed children.** Chapter 2 of the 2021 Procedure Manual focuses on handling special circumstances at screening, including the Indian Child Welfare Act and the role of the screener (and notification to tribes), sensitive case records and conflicts of interest, child fatalities, domestic violence, substance affected infants (including Plans of Safe Care), minor parents as alleged perpetrators of child abuse or neglect, missing or runaway children or young adults with an open child protective services cases, sex trafficking victims, and requests for information on an open child welfare case. The 2023 Procedure Manual retains this language.

³¹ Child Welfare Information Gateway. (2022). *Making and screening reports of child abuse and neglect*. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. <https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/repproc/>



Centralized Intake

Centralizing intake is important because it significantly increases consistency in safety decision-making and reduces the potential for errors or inconsistencies in intake across the state. Hotline systems, or, in Oregon's case, Centralized Intake, are the first point of contact for people reporting child abuse and neglect and are the first decision-making point for screening reports of child abuse and neglect. Hotline decisions determine whether a family becomes involved in the child welfare system. Research suggests that states with centralized hotlines are more consistent and accountable in their screening decisions compared to decentralized intake systems, in which local or regional offices receive reports of child abuse and neglect.³² Nearly all (94 percent) states with centralized intake systems had benefits that included more consistency, accuracy, and efficiency.³³

CW's centralized intake, ORCAH, meets the best practices for intake in the following ways, none of which were met in 2016:

- **Consistent and timely response to reports of child abuse or neglect.** In 2019, Oregon implemented a centralized, statewide, 24-hour-a-day, seven days per week hotline for the screening of child abuse and neglect reports.
- **Clear policy guidance, including concrete definitions of abuse and neglect.** The 2022 Procedure Manual includes updated definitions of abuse types to aid in consistent and accurate decision-making by screeners, including mental injury, neglect, physical abuse, sexual abuse, sexual exploitation, and the threat of harm. Also, see SDM above.
- **Reliable decision-making processes to assist caseworkers in making screening decisions.** See detail about SDM above.
- **A skilled workforce.** The 2022 Procedure Manual provides additional information regarding screener, supervisor, and program manager roles and responsibilities in screening reports.³⁴ The 2022 Manual also outlines the screening process for information received at the hotline³⁵ and provides instruction on how to conduct a

³² Casey Family Programs (2011). *Centralized Intake Systems*. Seattle WA: Casey Family Programs. Sourced from *Effective Hotline Elements: Supporting Accurate and Reliable Screening Decisions*. Casey Family Programs Strategy Brief, November 2017. http://www.casey.org/media/Effective-hotline-elements_strategy-brief.pdf

³³ Holland, S., Glass, L., Clearfield, E., Jenkins, J., and Stevens, C. (2014). *Answering the call: How states process reports of child abuse and neglect*. Austin, TX: Morningside Research and Consulting Inc. <https://docplayer.net/24777603-Answering-the-call-how-states-process-reports-of-child-abuse-and-neglect-revised-june-23-morningside.html>

³⁴ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/1/2022, (pp. 99–102).

³⁵ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/1/2022, (pp. 105–119).



child welfare history review, make the screening decision, assign response times, close cases at screening (if appropriate), and document the report.³⁶ ORCAH also offers a Screening Training Academy for new screeners before taking calls and trains on various topics regarding screeners' responsibilities.

- **A stable workforce.** Since 2020, CW data show that turnover within ORCAH has decreased from nearly 5% to under 4%, while the number of full-time positions has increased from 164.5 to 204.
- **Continuous Quality Improvement (CQI).** CW has a robust internal quality assurance process to improve consistency in screening decisions, customer service, and call wait times. There is a CQI process in place that uses data to improve processes. More information about CQI can be found in Section 4.3.

ORCAH Implementation

Transitioning from a decentralized intake process to a centralized one is a sizeable undertaking. Oregon centralized the Hotline despite the typical challenges that accompany this process, and continued implementation and adjustment during the COVID-19 pandemic, which presented its own unique set of challenges.

The implementation process takes time. CW used implementation science to plan for, implement, and adjust ORCAH practice. Process changes developed within the Implementation Science framework³⁷ can take up to five years to fully integrate into a child welfare system.³⁸ In addition, implementation requires using the CQI process to make data-driven decisions. It requires CW leadership to use data to identify the parts of the process that are working and which are not. Where the process is not working, implementation science requires necessary adjustments. This implementation process can lead to frustration amongst the staff who must adjust their work accordingly. These adjustments occurred with ORCAH implementation.

When CW began implementing ORCAH, some aspects of the practice worked well, and others did not. As expected, staff expressed frustration throughout the implementation process.³⁹ CW Leadership used data-driven decision-making to adjust what was not working well. For example, CW received complaints about the wait times, and CW leadership adjusted the process to allow screeners to answer calls timelier. The wait times

³⁶ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/1/2022, (pp. 119–143).

³⁷ National Implementation Resource Network (NIRN). (Jan 2015). *Implementation Science*. <https://nirn.fpg.unc.edu/resources/implementation-science>

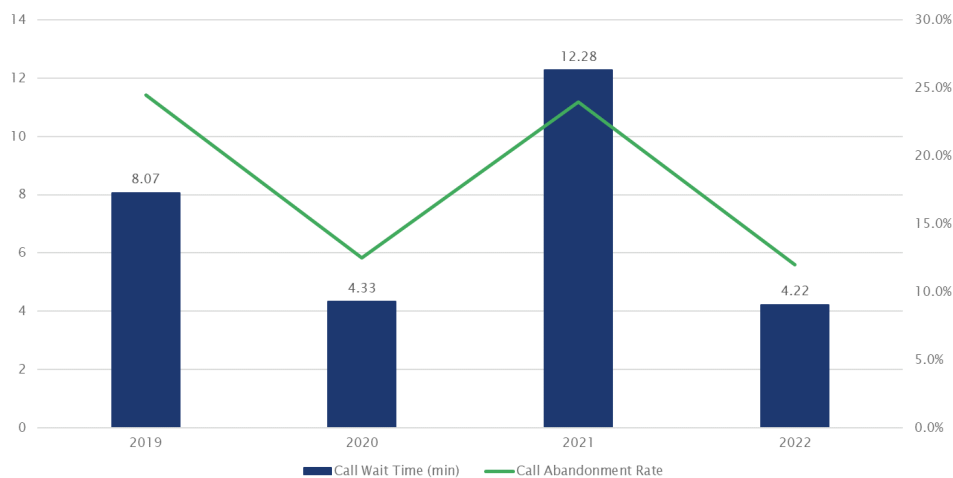
³⁸ ODHS CW ORCAH Annual Report (August 2018–2019). <https://www.oregon.gov/odhs/data/cwdata/cw-orcah-annual-report-2019.pdf>

³⁹ Focus Group Discussion.



are now down significantly: in 2019, average call wait times were as high as eight minutes, with nearly 25 percent abandoned calls. As of September 2022, the average wait time was less than two minutes, with some queues having an average wait time of less than one minute, with a five percent abandonment rate.⁴⁰ As of August 2023, the average wait time for all caller types (including from law enforcement, medical providers, mandatory reporters, general public, and Spanish-speaking community members) was less than one minute.⁴¹ These shorter wait times allow for reporters of abuse and neglect to reach appropriate staff and help improve safety outcomes for children and young adults across Oregon quicker.

Figure 5. Call Wait Times in Minutes and Call Abandonment Rate



Despite some frustrations, safety caseworkers discussed the benefits of ORCAH, including CW partners having one point of access to report suspected child abuse or neglect. ORCAH staff report most supervisors are supportive and assist with making screening decisions. ORCAH staff believe that centralizing the hotline has made a positive impact on the safety of children and that there is improved consistency in accepting reports of abuse.

ORCAH and CQI

An additional indicator of progress is that in October 2019, ORCAH established a continuous quality improvement (CQI) program. Trained screening quality assurance specialists review a random selection of screening reports each month, along with listening to live calls (selected at random) with a screening supervisor. ORCAH staff review requests from service delivery offices (local offices) to reconsider screening decisions to ensure decisions align with procedures. Data, including monthly and quarterly quality assurance reports, are used to determine improvements needed in training, procedures, technology,

⁴⁰ Oregon Child Abuse Hotline Quarterly Report (2022 – Third Quarter). (p. 5).

⁴¹ ODHS Child Welfare Division Progress Report. (September 2023). <https://www.oregon.gov/odhs/child-welfare-transformation/progressreports/cw-progress-report-2023-09.pdf>



documentation, or other areas of concern. Quality assurance specialists review screening reports to determine if timeliness measures were met.⁴²

The 2023 APSR reports that the Critical Incident Review Team (CIRT) participates in ORCAH's CQI process. A part of the quality assurance review includes gathering information about whether screening decisions were correct. The APSR notes that "in 2021, the findings indicated that 90 percent of ORCAH closed or assigned reports were correct, 94 percent of the response time decisions were correct, and 78 percent of cases had correct allegations,"⁴³ all of which show strong performance. While there is not a national standard, these data show CW's commitment to accuracy.

4.1.5 New Ways to Assess Safety: Summary of Key Theme

Finding: Oregon improved the assessment of safety in several ways. CW implemented PK's 2016 recommendation to centralize hotline operations and improved screening by implementing the Structured Decision Making® Screening and Screening and Response Time Assessment Tool. Oregon's new methods of assessing safety have led to a continuation of meeting timeliness goals and the exploration of ways to continue improving. CW has also made progress in improving assessing the safety of children under supervision of in-home services by updating procedures to encourage best practice of co-managing work between in-home and substitute care to ensure safety and increase the number of face-to-face visits that caseworkers completed with children.

Timeliness

Responding timely to allegations of child abuse or neglect can mean life or death for children in unsafe situations. Once a report of suspected abuse or neglect has been made and an agency has screened it in, it is the agency's responsibility to respond to that report in a timely manner as designated by law, statute, and procedure.

Oregon's implementation of ORCAH and the Structured Decision Making® Screening and Response Time Assessment Tool made progress towards more timely screening of hotline reports and defines response times to accepted reports. Oregon is exploring creative solutions for ensuring timeliness of assessments, including expanding the workforce's traditional working hours beyond 9 am to 5 pm to be more inclusive of when the families need services and support.

⁴² Oregon Department of Human Services Child Welfare Division, Annual Progress and Services Report (APSR) 2023. (June 30, 2022) (pp. 104–105).

⁴³ Oregon Department of Human Services Child Welfare Division, Annual Progress and Services Report (APSR) 2023. (June 30, 2022). (p. 105).



CW met the standard for assessment timeliness in 2016 and has continued to do so in 2022.⁴⁴ The 2016 Procedure Manual included CPS assessment timelines limited to within a 24-hour timeline (including within 0–2 hours and within 2–24 hours, allowing for exceptions) and within five calendar days. This meets best practices for the timeliness of child welfare assessments. The 2016 Procedure Manual allows CPS supervisors to change or extend timelines under certain guidance.⁴⁵ The 2016 Procedure Manual specifies timeframes and steps to take for making face-to-face contacts with child(ren).⁴⁶ This meets best practices for face-to-face visits with children.

CW has several initiatives in place to continue to meet timeliness goals in responding to allegations of child abuse or neglect. For example, in 2022, Safety Consultants worked with local offices to develop strategies and action plans to increase the timeliness of initial contacts and the quality of ongoing contacts to improve child safety outcomes. CW continues to promote making initial contacts within the required timeframes by sharing qualitative and quantitative data. Also in 2022, CW's Child Safety Program partnered with the Child Fatality Prevention and Review Program (CFPRP) and the University of Kentucky Center for Innovation in Population Health to complete Safe Systems Mapping.⁴⁷ The goal of using Safe Systems Mapping is to improve timeliness to initial contacts with families, promote accurate initial contact data collection, and respond to additional contacts with families to improve child safety. Furthermore, CW began participating in the National Partnership for Child Safety (NPCS). NPCS collaborates with 26 state, county, and Tribal child and family serving agencies and technical assistance advisors in support of safety science implementation.⁴⁸

ORCAH's timeliness to assignment has increased throughout 2022. Timely assignment from ORCAH is critical because it provides CPS caseworkers more time to contact families. Screeners must make a screening decision within ten hours of receipt of the contact. Of reports that must be assigned within 10 hours, ORCAH assigned 79 percent (on average) within the required timeframe during 2021 and 87 percent between January and April

⁴⁴ Oregon Department of Human Services Child Welfare Division, Annual Progress and Services Report (APSR) 2023. (June 30, 2022).

⁴⁵ Oregon Department of Human Services Child Welfare Procedure Manual. (Rev. 2016). (pp. 78–80).

⁴⁶ Oregon Department of Human Services Child Welfare Procedure Manual. (Rev. 2016.) (pp. 91–92).

⁴⁷ University of Kentucky. Center for Innovation in Population Health. <https://iph.uky.edu/what-we-do/safe-systems>

⁴⁸ University of Kentucky. Center for Innovation in Population Health. <https://cph.uky.edu/news/npcs-highlights-progress-toward-integrating-safety-science-child-welfare-systems>



2022. For reports with a 24-hour response, 86 percent (on average) were completed on time during 2021 compared to 90 percent during January–April 2022.⁴⁹

In-Home Services

Oregon made progress in improving the safety assessment of children under supervision of in-home services by updating procedures to encourage best practices of co-managing work between in-home and substitute care. This ensures safety and increases the number of face-to-face visits that caseworkers completed with children.

Child welfare agencies have a responsibility to ensure the safety of children who remain in their homes. In-home services allow children to stay with their parents, siblings, extended family members, friends, and within their schools while the child welfare agency provides supports and resources to help parents address the issues that led to abuse or neglect and ensure the children are safe. Decision-making and safety planning by the agency with the family can prevent future abuse and the unnecessary placement of children in substitute care.

One indicator of progress is in 2021 CW executive leadership, the Child Safety and Permanency Programs, and delivery Program Managers partnered to develop district-specific engagement plans that are aligned with the Vision for Transformation. CW now has a Mobile CPS Unit that helps local offices make sound safety decisions and assists offices in completing CPS assessments within the required timeframes. The Mobile CPS Unit provides new or less experienced CPS caseworkers, supervisors, and program managers with opportunities to learn how to engage families in the safety assessment process, sufficiently gather information at initial and ongoing contact with families, and analyze the information gathered to make safety determinations.⁵⁰

CW also made progress by updating the Procedure Manual to enable co-case management. Co-case management improves safety for children because it increases opportunities for early collaboration and engagement with families to ensure safety threats are identified correctly and that safety plans are as unintrusive as possible while managing safety and promoting cross-program partnerships and perspectives.⁵¹ The 2016 Procedure Manual did not include this capability. The Procedure Manual now clarifies that conducting

⁴⁹ Oregon Department of Human Services Child Welfare Division, Annual Progress and Services Report (APSR) 2023. (June 30, 2022). (p. 28).

⁵⁰ Oregon Department of Human Services Child Welfare Division, Annual Progress and Services Report (APSR) 2023. (June 30, 2022). (p. 33).

⁵¹ Oregon Department of Human Services Child Welfare Procedure Manual. (Rev. 10/1/2022) (pp. 430–437).



assessments is more than fact-finding; it is a way to establish rapport with family members and engage them in the safety intervention process.

Additionally, Oregon also made progress by developing programs that help create more comprehensive safety plans. For example, the Child Safety Program uses group supervision for cases with infants, previously founded dispositions, or cases where children experienced recurring maltreatment. CW is using the Child Safety Program more strategically now to identify especially vulnerable children. Group supervision provides coaching and supports CPS workers, Coaching and Training Specialists, and supervisors by comprehensively gathering safety-related information and working with families to develop in-home safety plans when there is present or impending danger. Another example is the Safe & Together™ Model⁵², an internationally recognized suite of tools and interventions designed to help child welfare professionals become informed about domestic violence.

Caseworker Visits

For in-home services cases, caseworkers must visit children in the home at least monthly. Caseworker visits with children and families provide an opportunity for ongoing assessment of safety and risk. The frequency of visits with children and families should be determined according to the circumstances of the case, including risk and safety concerns present, the age and vulnerability of the child, and the reason for the agency's involvement with the family.⁵³ Caseworkers improved meeting the requirements for face-to-face contact for children receiving in-home services from 60 percent in 2016 to 70 percent in 2021.

4.1.6 Using Data to Improve Safety: Summary of Key Theme

Finding: Oregon improved safety assessments by using results from reviews to inform changes to safety practices. CW uses biannual fidelity reviews, structured reviews of child fatalities or near fatalities, and data dashboards to continue improving the use of data to inform and improve safety.

Since 2016, Child Welfare has shown improved safety assessment by implementing a CQI process that includes fidelity reviews, the Critical Incident Response Team, and data dashboards.

⁵² Safe and Together Institute. Model Overview. <https://safeandtogetherinstitute.com/about-us/about-the-model/>

⁵³ U.S. Department of Health & Human Services Administration for Children and Families. (June 2022). Child and Family Services Reviews. *Onsite Review Instrument and Instructions*. <https://www.acf.hhs.gov/sites/default/files/documents/cb/cfsr-r4-osri-fillable.pdf>



Fidelity Reviews: Fidelity reviews are essential because they allow CW to update their information and processes consistently. These reviews, which are part of Oregon's Program Improvement Plan, developed following their CFSR in 2016, also allow leadership to see how decisions are made across the state, which supports consistency. CW's fidelity reviews are strong because they are conducted twice a year, the cases are pulled from a randomized sample, they use standardized language, reviewers are trained specifically to conduct the reviews, and reviewers are recruited from various stakeholders, including Tribal Affairs, the Portland State University Child Welfare Partnership, ORCAH, the CFSR team, and CPS staff. The CPS fidelity review evaluates CPS responsiveness, information gathering, safety determinations, interventions, and dispositions. The information is compiled in a series of reports:

- A statewide report provides an overview of statewide practice
- A comparison report including information about all the local offices and districts
- A district report providing information for each local office

Supervisors who participated in the fidelity review process reported learning a lot and wishing they had the time and capacity to do more. District and Program Managers for most districts also have a review process for safety data and develop goals for improvements.

In addition, the Office of Program Integrity conducts state led CFSRs and reviews each district annually. Safety Consultants participate in the CFSR team and debrief the CFSR process and findings. The Safety Consultants discuss the results of fidelity reviews and other data (such as Results Oriented Management, or ROM, reports related to the CFSR findings) and local practice to discuss differences in CFSR measures and other data. The CFSR team analyzes and discusses root cause analysis and includes all design consultants who work with the local offices. Safety Consultants explore safety practices and discuss potential interventions for improvements at the state and local levels.⁵⁴

Critical Incident Response Team (CIRT): Child welfare distinguishes reports of allegations of abuse and neglect versus critical incidents. Statute defines both allegations of abuse and critical incidents, and critical incidents are a subset of allegations of child abuse and neglect. There are specific procedures for handling critical incidents, such as a fatality or near fatality, while children are in CW custody. Separate reviews occur for critical incidents that involve the Critical Incident Response Team.⁵⁵ These reviews are viewed as opportunities for learning and for systems improvement. Oregon statute requires a CIRT on cases where a child has died due to abuse and the child and family had been involved with

⁵⁴ Oregon Department of Human Services Child Welfare Division, Annual Progress and Services Report (APSR). (2023). (June 30, 2022). (p. 102).

⁵⁵ Oregon Department of Human Services Child Welfare Procedure Manual. (Rev. 10/1/2022) (pp. 21–27).



the Department within the preceding 12 months of the fatality. Beginning in 2018, Oregon began using a safety culture framework in the CIRT process. CW has received technical assistance from the National Partnership on Child Safety Collaborative through Casey Family Programs at the University of Kentucky.

Data Dashboards: There are several data dashboards available to help CW manage workloads, ensure safety assessments are completed, and improve data. Caseload dashboards quantify the number of assessments, cases, or providers each caseworker is assigned. The CW executive dashboard includes information about assessment data to provide insight into child welfare practice overall.⁵⁶ More information about these dashboards can be found in Section 4.11.

Finally, as it relates to data-driven practice, Program Managers stated that child welfare leaders promote safety for children under child welfare supervision by providing training and support to staff regarding safety practices. Safety is emphasized through the agency's involvement with all families, in the home and in foster care. Leaders focus on responding to safety consistently across Oregon by continuous refinement of procedures for alignment.

4.1.7 Contextual Factors: Child and Family Services Review

Findings

Oregon participated in Round 3 of the CFSR in 2016, and that review assessed adequacy of the three safety outcomes:

- Item 1: Were the agency's responses to all accepted child maltreatment reports initiated, and face-to-face contact with the children made, within timeframes established by the agency policies or state statutes?
- Item 2: Did the agency make concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification?
- Item 3: Did the agency make concerted efforts to assess and address the risk and safety concerns related to the child(ren) in their own homes or while in foster care?

Oregon was assessed as needing improvement in all three safety areas because it failed to meet the 95 percent required national threshold for the item to be rated as a strength. Since the 2016 review, fewer than six states have met the 95 percent national threshold for these three items, so Oregon is not alone. Oregon's quantitative results are shown in the appendix. CW shows improved performance in Item 1 from 2016 to 2021. CW shows minor drops in case ratings for Item 2 and Item 3 from 2016 to 2021 (2 percent and 1 percent

⁵⁶ Oregon Department of Human Services Child Welfare Division, Annual Progress and Services Report (APSR). (2023). (June 30, 2022). (p. 103).



respectively). CW shows better performance in 2016 over the national performance average in 2016, which reflects all states reviewed in Round 3 of the CFSR.

While the CFSR focuses on specific data points within child welfare, PK's assessment has considered the quantitative and qualitative data contained in the CFSR and Oregon's practice. PK acknowledges that despite some slight declines in quantitative data, CW is keeping children safer and has made significant changes in statute and policy for screening, investigatory response, and supervisory policies, as well as communication protocols among the multiple offices within ODHS.⁵⁷ As mentioned previously, implementation of these policies, protocols, and statutory changes takes time, and more time is needed before CW will realize notable changes in the quantitative data.

4.2 CW made significant progress to improve the agency culture

Finding: Since 2016, Oregon has made significant progress in improving and prioritizing the agency culture led by implementing the Vision for Transformation. The Executive Leadership Team infuses the Vision for Transformation's guiding principles into each aspect of child welfare practice.

4.2.1 Key Themes

Table 3. Key Themes

Key Theme	Description
Leadership Vision	In 2020, CW created the Vision for Transformation to build a CW Division that consistently supports the needs of families and serves children and young adults. One of its guiding principles is enhancing staff and infrastructure with several initiatives to improve organizational culture and develop a supported and engaged workforce. Several assessment participants credited the Vision for Transformation and current CW leadership for changes and improvements in agency culture.
Leadership Modeling	CW has made progress in modeling leadership skills for the workforce and shifting the organizational culture to be antiracist and equitable. According to assessment participants, child welfare executives consistently model strong leadership skills and behaviors.

⁵⁷ Administration for Children and Families, Children's Bureau. (2016). Child and Family Services Reviews: Oregon Final Report. <https://www.oregon.gov/odhs/data/cwdata/cw-cfsr-final-2016.pdf>



Key Theme	Description
Worker Safety	CW has improved psychological safety for workers in multiple ways but has more work to do on improving physical safety for workers. Assessment participants cited a significant difference in CW's focus on child safety versus worker safety.

4.2.2 Leadership Vision: Summary of Key Theme

Finding: Since 2016, CW made significant improvements in this area, framed by creating the Vision for Transformation. The goal of the Vision is to create a CW Division that consistently supports the needs of families and serves children and young adults. This Vision touches every area of CW practice and impacts policy and expectations. As part of the Vision, CW developed a more robust CQI framework to improve feedback loops and data-driven decision-making.

The 2020 Child Welfare Vision for Transformation is the roadmap for CW to transform into an organization that supports and preserves families. That is the leadership vision for the future of the CW Division. One of its guiding principles is enhancing staff and infrastructure with several initiatives to improve organizational culture and develop a supported and engaged workforce. Several assessment participants credited the Vision for Transformation and the Executive Leadership Team for the improvements in agency culture over the past three years.

When explicitly asked in the 2021 survey about the leadership of Ms. Jones Gaston, staff with more than 16 years of experience at CW were more likely than those with fewer years of experience to say that the agency culture improved during her tenure. These staff have worked with several directors during their careers at CW.

Focus group participants noted that Ms. Jones Gaston and her Executive Leadership Team brought stability and comfort that staff did not feel with previous leaders and brought hope to child welfare. There is a consistent belief that, since 2019, this Executive Leadership Team has improved staff morale, improved the practice of leading by example, and brought a focused mission to the agency.

Interviewees and focus group participants reported that the Executive Leadership Team has shifted the culture from a punitive one to a learning culture and has brought a prevention focus to child welfare. They said their work to help define the Vision for Transformation and build the Executive Leadership Team has improved agency culture.



In the past two years, CW has also dedicated significant effort to building a continuous quality improvement (CQI) infrastructure that uses data to drive decision-making and performance monitoring. Please see Section 4.3 for more information on CQI. Since 2016, CW leadership has also revised the Procedure Manual to use more directive language and active voice, which results in less ambiguity regarding whose responsibility tasks are. This language change provides increased clarity, action, and a sense of accountability, which may contribute to improved organizational culture.

4.2.3 Leadership Modeling: Summary of Key Theme

Finding: Since 2016, CW has made progress in modeling leadership skills for the workforce and shifting the organizational culture to be antiracist and equitable. The CW Executive Leadership Team models various leadership skills to each level of the workforce and encourages engagement, communication, and vulnerability.

According to assessment participants, this Executive Leadership Team consistently models strong leadership skills and behaviors. This includes:

- Modeling servant leadership, in which leaders support their staff and teams
- Sharing power for efficient decision-making
- Yielding power to those with lived experience
- Practicing open communication and transparency
- Leading by example
- Coaching and mentoring
- Providing and receiving feedback
- Partnering with local communities

Participants noted that setting a clear path with the Vision for Transformation and committing to its initiatives has had a positive impact.

CW has built an Executive Leadership Team that collaborates across the division, is working toward a shared vision, and has increased confidence and security among child welfare staff. Assessment participants shared the following examples of leadership skills and behaviors modeled over the last three years:

- **They are leading by example.** This Executive Leadership Team models the behaviors and actions needed to shape the agency they are hoping to achieve. They have modeled setting a vision that aligns with the agency's core values and acting on that vision. Focus group participants described leaders as "walking the talk" by demonstrating how the workforce should show up for colleagues, children, and families while taking measured risks. Leadership has been working with managers



to build their capacity to transform the agency. They are working to create an atmosphere of equity and inclusion across CW, including how managers interact with employees, families, and tribal communities. CW created a new Deputy Director position focused on equity, training, and the workforce and built a new team in the Division. This team develops and provides training to the workforce on equity, intersectionality, and working with children and families in the LGBTQIA2S+ community. CW leaders demonstrate the behaviors, actions, and tones managers are expected to use when interacting with staff and the community. Under this Executive Team's leadership, CW has been working to create an antiracist organization and has provided managers with the tools to do that. Assessment participants noted that executives model CW's core values, they are consistent, and they show up.

- **They are shifting organizational culture.** Leaders support districts and counties by continuing to implement CQI processes and use data to drive decision-making and needed improvements in child welfare procedures, staffing, and workforce support. The team takes a holistic approach when looking at child safety. CW leaders created a project management office and have built change management processes to implement new interventions better.
- **They are engaging with community partners.** Leadership prioritizes connection with community providers, stakeholders, and community members. These connections are one of the guiding principles of the Vision for Transformation. The team has assessed whether the right people are represented in advisory groups and set new expectations for the roles of CW's multiple advisory committees and councils. This includes yielding power to those with lived experience. The feedback from committee and council members has been positive, citing that they feel more engaged and feel like they are making fundamental contributions to system improvements. According to assessment participants, leadership is engaged in both policymaking and in engaging communities, which is a better model than in the past, where leaders were engaged in one or the other.
- **They are coaching and mentoring.** CW leaders are working with the Capacity Building Center for States to launch a coaching model to increase and improve the psychological safety culture to create a learning organization to help the workforce thrive. CW plans to update its supervision model to have a coaching and reflective supervision foundation.
- **They are increasing communication and transparency.** Assessment participants noted a shift to having more open communication in recent years. CW leaders provide opportunities for staff to process their experiences and allow staff to provide feedback without consequence. Leadership prioritizes a workforce culture where concerns and issues related to worker well-being can be freely expressed.



They are open to feedback and try and make changes when feasible. Leaders offer opportunities for staff to submit complaints, feedback, and questions. Focus group participants reported that the feedback loop as part of the CQI process is the most consistent it has been in more than 20 years. Modeling from leadership also helps Program Managers model this to their teams.

- **They listen to concerns from staff.** Some assessment participants shared that while there has always been a culture where staff could express concerns, this significantly improved with current CW leadership. Assessment participants reported that open communication about safety issues or safety concerns for children has increased since 2019. The Executive Leadership Team has prioritized and fostered a culture where staff can express concerns and issues related to child well-being and provided several avenues for staff to do so. They can discuss issues with their immediate supervisor, the Program Manager, call the child abuse hotline, or raise safety concerns to child welfare leadership if necessary. When discussing child safety, participants noted that their supervisors support them, encourage them to share safety concerns, and trust them to escalate issues when necessary. CW staff and managers report they are also encouraged to speak up with safety concerns regarding children in substitute care. Assessment participants reported that when they are analyzing a critical injury or fatality, they are encouraged to speak up and share information that they have. They noted that while this is still a work in progress, it has improved.
- **They are vulnerable and owning their mistakes.** Leaders communicate and demonstrate that making mistakes is part of growing and improving. They hold their mistakes and allow others to make mistakes. They share that it is okay for managers and staff to get something wrong or not have it quite right, and they must keep asking questions.

4.2.4 Worker Safety: Summary of Key Theme

Finding: Worker safety includes both physical and psychological safety. Since 2016, CW has improved psychological safety for workers by focusing on mental health, diversity, equity, inclusion, belonging, and open communication. CW has made some progress regarding physical safety for workers but still feel their safety is at risk at times.

Physical Safety

CW has made some progress regarding physical safety for workers. Still, some focus group participants expressed that worker safety is one of the areas where CW has the most work



to do as an agency. Since 2016, the Procedure Manual⁵⁸ has been updated to include a new exception to meeting the initial 24-hour response timeline if worker safety is questioned and law enforcement assistance is not immediately available. However, overall policy and procedure guidance around worker safety remains limited. CW does have policy language requiring caseworkers to plan for their safety, evaluate potentially dangerous situations, and take safety precautions. Physical safety is a significant concern for many workers due to their client's mental and physical health or substance use issues. Caseworkers cited conflicting practices among branches and supervisors. There does not appear to be consistent guidance for effectively responding to child abuse reports while keeping staff safety in mind.

Psychological Safety

Psychological safety is essential for the child welfare workforce as it positively impacts job attitudes and behaviors and strongly predicts work engagement, job satisfaction, and commitment. Psychological safety is measured at both the individual and group level, and both are positively impacted by peer support, leadership support, and organizational support.⁵⁹

Assessment participants noted an increased recent focus on improving psychological safety but noted it is inconsistent throughout CW.

This assessment identified several improvements to CW's focus on psychological safety:

- **Increased focus on diversity, equity, and inclusion.** In 2020, CW created and hired a dedicated position within the Executive Leadership Team focused specifically on equity, training, and the workforce as part of the commitment to being an antiracist organization. Additionally, ODHS implemented Oregon Resilience in Support of Equity (RiSE)⁶⁰ in 2017 to build a positive, respectful, and growth-focused agency. RiSE is at the core of increasing safety and belonging among workers. RiSE is both a direct response to employee input and a commitment from leadership. Safety, well-being, equitable treatment, and belonging are elements of RiSE. Several assessment participants spoke about RiSE and mentioned that they have never felt so comfortable discussing race, sexual orientation, and disability as they do now at CW. They cited RiSE as the fundamental difference from previous years.

⁵⁸ Oregon Department of Human Services Child Welfare Procedure Manual. (Rev. 10/4/2021). (pp. 168–171).

⁵⁹ Quality Improvement Center for Workforce Development. (May 27, 2020). Psychological Safety. <https://www.qic-wd.org/umbrella-summary/psychological-safety>

⁶⁰ Oregon Department of Human Services. About RiSE. <https://www.oregon.gov/odhs/about/pages/rise.aspx>



- **Focus on mental health.** CW created a Critical Incident Stress Management debrief process in July 2020 to support staff impacted by traumatic incidents. Workers are invited to participate in these support sessions after a traumatic event is reported or if a worker reaches out for support. Participants note that the focus on mental health and well-being is helpful but varies from district to district, and some report that CW doesn't do a good job recognizing the trauma that staff go through daily. Other participants noted that while mental health, self-care, and stress management are encouraged, there is no time available or practical way to conduct self-care on the job, and it becomes one more thing to do in their time away from work. Assessment participants discussed the need for CW to support staff without adding to workloads. CW may offer support groups and training, but caseworkers do not have time to do these. Some participants noted that while CW does not do an excellent job of recognizing the trauma that staff go through daily, it has started to improve over the last few years. Mental health for caseworkers has been a significant issue during COVID-19. CW offers an Employee Assistance Program that provides psychological and physical health care, working during a pandemic training, and other supports. Supervisors report that with so many staff taking personal time off for mental health, they lack resources to support the rest of the workforce.
- **Open communication.** Some assessment participants noted a shift to having more open communication. CW leaders provide opportunities for staff to talk through what they are experiencing and allow staff to provide feedback without consequence. Staff can share what is working and not working for them. Leaders offer opportunities for staff to submit complaints, feedback, and questions. Both leadership and staff discussed supervisors shifting to having open door policies for the team to discuss safety and mental health concerns and noted that it has not always been this way at CW. Current leadership prioritizes a workforce culture where problems and issues related to worker well-being can be expressed.
- **Coaching and mentoring.** As mentioned in this section, CW leaders are launching a coaching model to increase and improve the psychological safety culture to create a learning organization to help the workforce thrive.
- **Policy updates.** The 2021 CW Child Welfare Procedure Manual contains more information regarding self-care and caring for others and what specific programs may be available to resource parents and employees in the event of a child fatality. This includes recognizing grief and encouraging the use of public services.

Additional information about psychological safety can be found in Section 4.11, which discusses staff support.



4.3 CW made consistent progress to improve data-driven decision-making and quality of services

Finding: Since 2016, Oregon has made consistent progress to improve data-driven decision-making and the quality of services. Building capacity to be data-driven has been a leadership priority, evidenced by regular technology upgrades and a solid financial investment. Data-driven decision-making is a priority for national child welfare practice, and CW's focus on this is an encouraging improvement.

4.3.1 Key Themes

Table 4. Key Themes

Key Theme	Description
Continuous Quality Improvement (CQI)	CQI advances include an additional 17 staff dedicated to CQI in 2021. While data-driven decision-making is not fully integrated into daily casework practice, it is being used to make placement decisions, screening decisions, tracking critical incidents, managing caseloads, and other ways. Implementation science and continued leadership prioritization of CQI show that this integration will occur over time.
Data Capacity	Since 2016, CW has made substantial investments in technology, reporting, and adding new staff dedicated to continuous quality improvement. The Office of Reporting, Research, and Implementation (ORRAI) was created to consolidate reporting and focus capacity on building dashboards that support practice. Tools and reports are available and are timelier, especially for leadership. Progress is needed in building the consistent use of data across the agency. A new dashboard was constructed to track critical incidents, and staff can access better tools to identify fit between children and resource families.
Improving Service Quality	CW has increased its capacity to collect data and uses it to evaluate progress, monitor compliance, meet state and federal requirements, and improve services in response to the evidence. Much of this improvement has occurred since 2017.



4.3.2 Continuous Quality Improvement (CQI): Summary of Key Theme

Finding: Since 2016, CW has shown tangible evidence of improvement in this area by building a CQI Team consisting of staff dedicated to using data for continuous quality improvement. The hiring of these 17 staff in 2020–2021 was funded by specific legislation aimed at improving the use of data by the CW agency. This CQI Team will assist CW staff in using data to make more informed decisions for children, young adults, and families.

In child welfare, the systematic use of data for performance and monitoring is called continuous quality improvement. CQI is the process of identifying, describing, and analyzing strengths and problems and then testing, implementing, learning from, and revising solutions. One of the guiding principles of the Vision for Transformation is “enhancing the structure of our system by using data with continuous quality improvement.”⁶¹

Building CQI capacity has been an ongoing effort for CW, fueled by support in 2021 from the Oregon Legislature to provide the staff positions needed to build a CQI workforce. CW also worked with partners at Chapin Hall Center for Children at the University of Chicago to build robust CQI processes. As part of this process, CW created the CQI Workgroup to collect information on current processes, staff needs, and tribal input; and develop recommendations to build a CQI process that is flexible and responsive. This process aligns with the Vision for Transformation, informs the use of data through an equity framework, and defines the process to access and understand data.⁶² The workgroup met throughout 2021 and leveraged expertise from tribal partners and those with lived experience.⁶³ The CQI Workgroup made recommendations concerning CQI implementation structure, CQI processes, feedback loops, and the use of data. In mid-2021, CW established a CQI Team with new full-time positions to lead the quality improvement work and provide more statewide technical support for implementing the CQI priorities.

In fall 2021, CW created a cross-program team with the Office of Reporting, Research, Analytics, and Implementation (ORRAI) to build the CQI data team that would develop a statewide CQI model. The team is working with CW to build data literacy and increase data transparency within CW and its community partners to help identify opportunities for improvement, track trends, and identify strengths.⁶⁴

⁶¹ Oregon Department of Human Services. (2020). *Oregon Child Welfare Division Vision for Transformation*. <https://sharedsystems.ODHSoha.state.or.us/ODHSForms/Served/de2445.pdf>

⁶² ODHS Child Welfare Workgroup Charter: CW Statewide CQI Workgroup. (4/8/2021).

⁶³ ODHS CW Workgroup PowerPoint: Recommendations for Statewide CQI Structure. (10/19/2021).

⁶⁴ ODHS Memo: CW and ORRAI partner to create a statewide CQI model. (8/9/2021).



CW has made other concrete improvements in refining its Quality Assurance (QA) and CQI processes since 2016, such as ensuring staff throughout the division contribute to improving the CQI and case review processes. More detail about these processes can be found in the appendix. CW is partnering with Adopt USKids⁶⁵, the National Training Institute⁶⁶, and Wendy's Wonderful Kids⁶⁷ to build and repair relationships with resource parents and young adults to conduct a CQI process on their experience with the child welfare system to ensure that those with lived experience can contribute to the improvement of the child welfare system in Oregon.

4.3.3 Data Capacity: Summary of Key Theme

Finding: Since 2016, data capacity has significantly improved. Capacity improvements include technical enhancements to OR-Kids and expanded access to data reports via the ROM reporting interface. An ODHS Child Welfare Federal Reporting and Data website was launched in December 2021 and is accessible to external partners, the public, and staff through an interactive dashboard. These upgrades improve data accuracy and availability and encourage the child welfare workforce to use data in daily decision-making.

Data capacity has improved substantially since Oregon's State Automated Child Welfare Information System (SACWIS) was considered an area needing improvement in the 2016 CFSR and was highlighted as a need in the 2016 independent report. The Vision for Transformation emphasizes building a culture of inquiry and curiosity that leads to stronger collaboration and better problem-solving, and includes developing a system of continuous quality improvement where data is used to effectively target needs.

The ODHS Office of Reporting, Research, Analytics, and Implementation (ORRAI) was established, in part, to support ODHS' design and implementation of data-informed change.⁶⁸ In addition to supporting implementation of new initiatives, ORRAI analyzes and evaluates ODHS' programs and services to ensure they are effective and meet the needs of children and families. In 2017, ORRAI added implementation staff to strengthen the inclusion of those with lived expertise, including workers, experts, and ODHS clients, and improve the planning and coordination of implementation efforts.

⁶⁵ AdoptUSKids. <https://www.adoptuskids.org>

⁶⁶ National Center for Victims of Crime. National Training Institute (NTI).
<https://victimsofcrime.org/national-training-institute/>

⁶⁷ Dave Thomas Foundation for Adoption, Wendy's Wonderful Kids.
<https://www.davethomasfoundation.org/our-programs/wendys-wonderful-kids/>

⁶⁸ Office of Reporting, Research, Analytics and Implementation (ORRAI).
<https://www.oregon.gov/odhs/data/pages/orrai.aspx>



CW has also implemented new processes to improve case reviews, reporting, outcomes, and services for children, young adults, and families. More information on these tools can be found in the appendix. Additionally, since 2019, there has been an increased focus on using data to tell a story and the value of various data elements in decision-making.⁶⁹ Interviewees commented that data has been used in new ways under Ms. Jones Gaston's leadership.

4.3.4 Use of Data to Improve Service Quality: Summary of Key Theme

Finding: The CQI Team is helping CW use data to make more informed, comprehensive decisions for children, young adults, and families in various areas of practice. CW uses data tracking in monitoring call wait times for the hotline, caseload tracking, tracking timeliness of initial assessments, recruitment and retention of resource families, and robust processes to integrate CQI into other areas that need monitoring and improvement are being developed.

CW has begun using data more consistently throughout the life of a case, as shown in the table below. As CW leadership continues to prioritize data-driven decision-making, relying on data at each phase of a case will become the way of working throughout the division.

Table 5. Improvements in Use of Data

Screening	Beginning in 2020, ORCAH implemented a data analytics tool that allows for the screener to make data-informed decisions about whether to assign a report for CPS Assessment. In 2022, CW transitioned from using data analytics to the Structured Decision Making® (SDM) Screening and Response Time Assessment Tool, which identifies the key points in the life of a child welfare case and uses structured assessments to improve the consistency and validity of each decision.
Management	Since 2016, CW implemented new tools, including developing dashboards and improving access to data, and data requests were streamlined to track themes and respond systemically to recurring requests. The 2021 survey showed that more managers than caseworkers believed that CW provided enough training and coaching on how they could use data to drive decisions and improve the quality of services. These responses show that leadership may currently be using data more than caseworkers. Caseworkers may not yet have a full understanding of the data available to them to make daily case decisions. As the CQI

⁶⁹ Staff interviews and survey results.



	process becomes more embedded in CW practice, caseworkers will have increased access to data that will support their decision making, from placement decisions to permanency goals.
Service Providers	CW is also making progress in using data with external service providers. Interviewees reported that the contracts team has been working on incorporating performance standards into contracts for the past several years. One interviewee said that District Managers began to engage contractors in conversations regarding expected outcomes and quality, and some participants shared that there are not yet enough incentives for providers to make performance-based contracting effective. Momentum around performance-based contracts is building.
Resource Families	Beginning in 2018, Resource Retention and Recruitment Champions were hired and trained in each of the 16 districts to focus on the recruitment and retention of resource families. Their role is to assess the needs of children and families, local demographics, and resource parent strengths to determine the recruitment needs for their district. Each Champion has a district recruitment and retention plan, based on its local population, with targeted and measurable goals. Each district plan feeds into a statewide plan to inform efforts at the agency level. Before the pandemic, Champions aimed to increase the number of resource families by 10 percent. Champions also support local child welfare offices in certifying new resource parents and coordinate retention efforts across CPS, permanency, and certification teams. The Champions use the data from prospective and current resource parents to inform new recruitment and retention efforts.

4.4 CW made progress during the identified timeframe to improve recruitment, retention, and the support of resource parents

Finding: Since 2016, Oregon has improved recruitment of, training of, and support to resource families. CW has implemented targeted recruitment to meet the needs of specific children and is collaborating across the child-serving system to increase capacity for resource homes. CW has increased service provision to resource families and has improved the training based on feedback received from resource parents and community members. While CW has not improved the ability to track the capacity of resource homes, this does not outweigh the significant progress in other areas. These improvements in practice have



not yet resulted in better outcomes for children, as Oregon's placement stability data has not improved.

4.4.1 Key Themes

Table 6. Key Themes

Key Theme	Description
Diligent Recruitment	CW is focused on local, targeted recruitment, as shown by the hiring of 16 Resource Retention and Recruitment Champions, one in each district, to focus on recruitment of resource parents. These Champions use local data to drive their recruitment efforts and tailor them to the children needing care.
Resource Home Capacity	CW is using targeted recruitment to expand current capacity and is establishing local partnerships with county-level behavioral health providers including through the county-level system of care. CW's request to the legislature for an increase in reimbursement rates for resource parents passed in 2023 and will be effective in July 2024.
Training Supports	CW has retaken ownership of the resource parent training curricula and has incorporated feedback from resource parents in the development and implementation of the content. CW provides flexibility in training modality to meet resource parents' needs.
Placement Matching	CW uses several tools to appropriately match placements, including an assessment and home study. Oregon's policy requires matching children's needs to their caregiver's capabilities, but placement matching does not occur as consistently as the workforce desires. Oregon's placement stability is consistent but remains above the national standard.



Key Theme	Description
Service Provision to Caregivers	CW provides services and supports to resource parents to meet their needs and those of the children in their homes, and tailors these services. Oregon's formal respite program, which launched in January 2023 with newly allotted funding, has offered respite services statewide for some time.
Tracking Capacity	Capacity for substitute care is tracked manually through OR-Kids, which shows the number of certified homes, but does not provide needed and comprehensive information for caseworkers.

4.4.2 Diligent Recruitment: Summary of Key Theme

Finding: Since 2016, CW has prioritized best practices for diligent recruitment of resource parents who can meet the needs of children in care. They are using data to drive decision-making and local, targeted recruitment efforts to reflect children's needs, cultures, and ethnicity in child welfare. The Vision for Transformation emphasizes the leadership support for recruiting and retaining resource parents and the consistent outreach and inclusion of community partners and voices of lived experience in this effort.

Diligent recruitment is the systematic process of recruiting, retaining, and supporting resource parents who reflect the diversity of children who need placement.⁷⁰ The diligent recruitment process is the gold standard for engaging, preparing, and retaining resource parents to develop capacity and improve outcomes for children. This requires child welfare agencies to address systemic barriers to identifying prospective resource families and then certifying, supporting, and retaining them.⁷¹ The national resource parent recruiting campaign from Fostering CHAMPS⁷², in partnership with the North American Council on Adoptable Children⁷³, identifies six key drivers of a comprehensive recruitment and

^{70,2} James Bell Associates. (Aug. 2019). *Diligent Recruitment of Families for Children in the Foster Care System, Challenges and Recommendations for Policy and Practice*. Children's Bureau.

<https://www.acf.hhs.gov/sites/default/files/documents/cb/diligentrecruitmentreport.pdf>

⁷¹ Administration for Children and Families, US Department of Health and Human Services.

<https://www.acf.hhs.gov/sites/default/files/documents/cb/diligentrecruitmentreport.pdf>

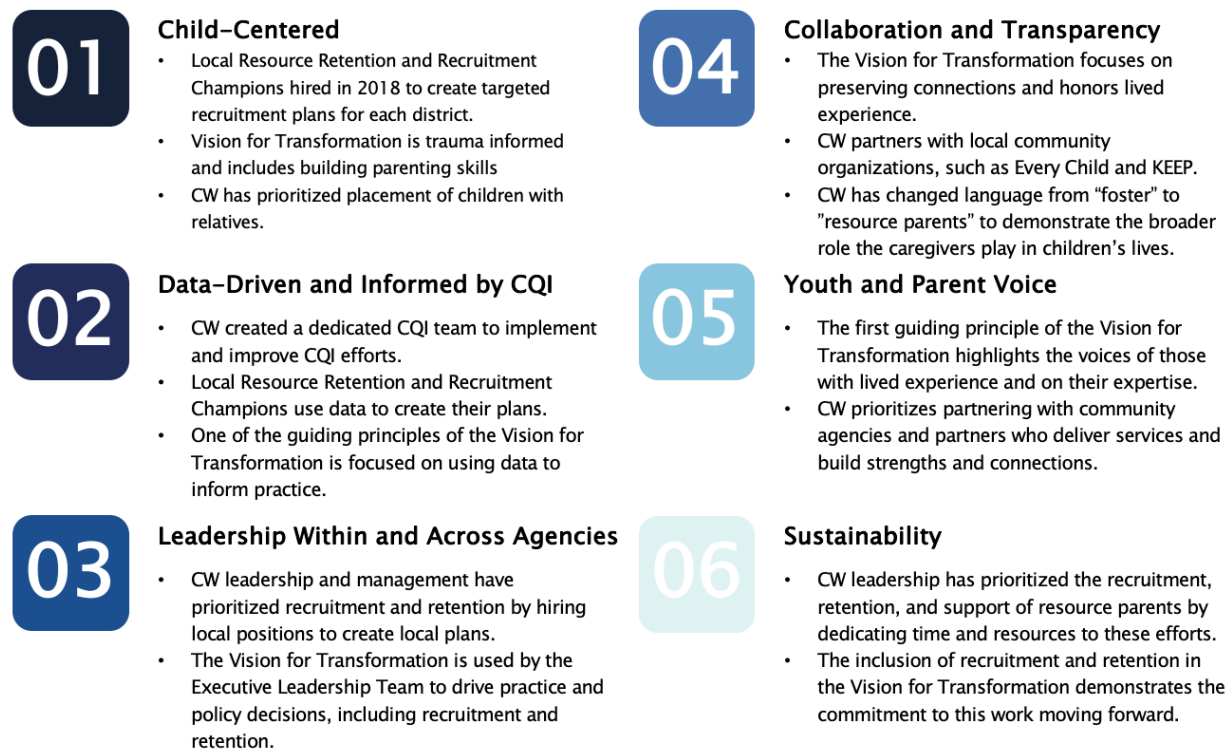
⁷² CHAMPS (April 2019). *A CHAMPS Guide on Foster Parent Recruitment and Retention: Strategies for Developing a Comprehensive Program*. <https://fosteringchamps.org/wp-content/uploads/2019/04/CHAMPS-Guide-on-Foster-Parent-Recruitment-and-Retention.pdf>

⁷³ North American Council on Adoptable Children. <https://nacac.org>



retention program. Oregon's resource parent recruitment and retention practices meet each key driver, as shown in the graphic below.

Figure 6. Key Drivers of Resource Parent Recruitment and Retention Programs



In addition to the practices implemented in the graphic above, CW created a Resource Parent Training Manager position as part of the Equity Training and Workforce Development Team. CW now considers resource parents part of the workforce. The Resource Parent Training Manager and the team of Training Development Specialists develop transfer of learning and coaching tools to share with certifiers for ongoing development and coaching of resource parents. One of the Training Development Specialists is bilingual and supports the development of such tools in languages other than English. CW also provides statewide coaching for resource parents on good practices in caring for children.

In the past several years, Oregon has taken a progressive and innovative approach to the recruitment and retention of resource parents to better reflect and represent the population of children and young adults in care. When children and young adults can connect with their caregivers and have resource parents who are open and supportive, their placement stability and overall outcomes improve. As part of targeted recruitment and since 2016, CW has hosted recruiting events and Pride events throughout the state and



works with Basic Rights Oregon⁷⁴ to provide safe and affirming homes for children and young adults who identify as part of the LGBTQIA2S+ community. CW actively recruits same-sex couples and members of the LGBTQIA2S+ community, as well as members of faith-based communities. Certifiers address the openness and tolerance of prospective resource parents from the initial outreach to mitigate conflicts or concerns that may occur during placement and lead to placement disruption (and negatively impact placement stability) if not addressed earlier in the process.

CW leadership is also recruiting and hiring individuals who are part of the LGBTQIA2S+ community to increase diversity in the workforce, improve representation, and grow their practice with children and young adults who also identify as LGBTQIA2S+. Caseworkers engage and support children and young adults, leading to increases in disclosures of sexual orientation, gender identity, and expression (SOGIE) status. Regarding these disclosures, in May 2023, the Oregon Legislature passed and signed into law Senate Bill 209, which protects data related to SOGIE status. This protection allows CW to now gather these data without the unintentional consequence of outing a child or young adult and potentially compromising their safety, as SOGIE data were previously subject to the legal discovery process without any exceptions to the person's safety or well-being.⁷⁵

CW recognizes the need for services tailored to meet the unique needs of children and young adults who identify as part of the LGBTQIA2S+ community. According to focus group participants, these tailored services can be challenging to access in areas of Oregon. In response, CW leadership shared that current service providers who can meet the needs of transgender youth are expanding their service area to bridge these gaps.

4.4.3 Resource Home Capacity: Summary of Key Theme

Finding: Since 2016, CW has increased outreach with Treatment Services and Behavioral Rehabilitation Services to increase placement capacity for children who need higher levels of care. This allows children with higher needs to be placed appropriately and keeps the population of general resource homes available to the children who do not have higher needs. Despite these efforts, Oregon caseworkers still perceive a shortage of resource homes, and staff have concerns about placement stability. To meet the needs of children and young adults, CW is conducting continual, targeted recruitment to find appropriate family resources, which did not occur consistently in 2016 and is a significant

⁷⁴ Basic Rights Oregon. www.basicrights.org

⁷⁵ Oregon Department of Human Services Child Welfare Division (June 30, 2023). Annual Progress and Services Report 2024. <https://www.oregon.gov/dhs/children/Pages/data-publications.aspx>



improvement. There was an adjustment to resource parents' reimbursement rates in 2017 (implemented in 2018). After CW recently advocated for another increase, the legislature approved an increase effective in July 2024.

Child welfare agencies nationwide are continually focused on expanding the capacity of resource homes and higher levels of care for the children and young adults who need them, and Oregon is no different. As mentioned in the previous section, CW's targeted recruitment effort is a significant undertaking that has shown an increased capacity in other jurisdictions.

Focus group participants shared that they believe the responsibility for increasing capacity should be shared across the child-serving system and not fall solely to CW. They shared that CW needs support and assistance from other agencies and child-caring organizations to meet this need, as children with higher behavioral or mental health needs may require placement beyond general resource homes. Children and young adults in substitute care are served by the behavioral and public health systems in addition to child welfare. The lack of consistent coordination across the child-serving system creates a barrier to retaining resource parents, as some parents cannot meet the children's needs in their homes or face too many safety risks for the rest of their family. Focus group participants shared concerns about children and young adults bouncing between resource family placements and residential care due to the lack of support for resource homes. Children sometimes need higher levels of supervision and support than some resource families can provide. PK agrees that each aspect of the child-serving system has a role to play in supporting children, young adults, and families, and ODHS is making progress in providing leadership to bridge these gaps.

- ODHS Treatment Services has worked for several years to partner with behavioral health services and providers to increase capacity and develop additional services for children and families. Many children and young adults involved with behavioral health are also involved with child welfare.
- The Oregon Youth Authority (OYA) and the Developmental Disabilities (DD) program each have certified homes and are adding placement capacity. OYA contracts out for placements when a provider is needed, and ODDS identifies providers specific to the children and young adults who need placement. CW has a responsibility to find placement options because they cannot refuse placements.
- In response to the 2020 Secretary of State's Audit, ODHS established a statewide interagency agreement with OHA in 2022 to develop roles and responsibilities for both OHA and ODHS in "measuring, maintaining, and developing service capacity in



the Intensive Treatment Services service array.”⁷⁶ This agreement requires both OHA and ODHS to collaborate on data collection, data analysis, and the provision of equitable access to quality services. This collaboration allows for cross-system support and partnership to allow children and families to receive high-quality services regardless of where they live in Oregon, which bridges a significant gap identified by focus group and interview participants. The interagency agreement allows children and families throughout Oregon to seamlessly receive the support and services they need, reducing barriers and obstacles to positive outcomes and permanence.

Families shoulder a financial impact when choosing to become resource families. CW recognizes the burden this can place on a family and provides multiple reimbursement levels to offset that impact. Resource parents had not received an increase in the Base Rate since 2018, and the legislature recently passed the rate increase that CW leadership requested, which will be effective July 1, 2024. Resource parents’ rates will increase by an average of \$241 per month.⁷⁷ In addition, the legislature increased employment-related daycare eligibility to reflect involvement with child welfare. Resource parents have received additional resources and reimbursement in certain circumstances, such as caring for children and young adults who tested positive for COVID-19.

4.4.4 Training Supports: Summary of Key Theme

Finding: Since 2016, CW has revised resource parent training and has brought the development and oversight back to the agency from Portland State University. Feedback from resource parents and the community was incorporated into the redesign of the training, and the revision of the curricula is connected to CW’s CQI efforts and the Equity Training and Workforce Development Team. With these changes and technology tools, resource parents now have increased access to their training and certification information.

Training for resource parents has been redesigned and implemented in the past several years in partnership with tribes, communities, and resource families. CW has hired a training team to support the ongoing development of curricula and delivery of training. CW sought feedback from resource parents on the training content and delivery for the last five years, and based on that feedback, resource parents receive content from the National Training and Development Curriculum (NTDC) for Foster and Adoptive Parents⁷⁸ and the Resource and Adoptive Family Training (RAFT). These curricula include information

⁷⁶ Interagency Agreement: Oregon Health Authority, Oregon Department of Human Services Intensive Treatment Services Capacity, 2022–2025.

⁷⁷ ODHS Child Welfare 2023 Legislative Session Highlights.

⁷⁸ NTDC: <https://ntdcportal.org>



resource parents need to create and support stable placements, meet complex needs, and address risk factors leading to maltreatment in care. The RAFT curriculum is offered in partnership with communities and tribes and is delivered after resource parents complete orientation and mandatory reporting training. Resource parents can also watch supplemental videos about the overview of the child welfare system and expand their parenting paradigm. This curriculum has been updated to include the expectation of resource families in creating safe and affirming homes for children and young adults.

Implementing the RAFT curriculum and technology solutions to support certification includes increasing training delivery and resource parent access to content. The technology solutions will include access to a Learning Management System (LMS) to provide resource parents entree to their certification materials and training content in a single portal, allowing them to obtain the information they need more efficiently. The RAFT curriculum is also offered in multiple methodologies to best meet resource parents' learning needs, and while a trained facilitator must deliver it, it can be provided in-person, or in a virtual or hybrid manner to allow ease of access to training content.

The training redesign is part of the expansion of the CW continuous quality improvement (CQI) infrastructure that began under the guidance of Aprille Flint-Gerner and the Equity Training and Workforce Development Team. This team is developing training and supporting the building of practice models for everyone in the child welfare workforce, including resource parents. The team is in the early stages of developing a comprehensive practice model.

The CW workforce receives training on recruiting, retaining, and supporting substitute care providers in their orientation and foundation training. They learn about prioritizing relative placements, maintaining children's connections to their communities, and the importance of permanence for children and young adults in care. The NTDC curriculum for resource parents is expanding this discussion for caseworkers. The Resource Retention and Recruitment Champions receive coaching on engaging and supporting resource parents as part of their daily responsibilities. CW staff also participated in training with Alia Innovations⁷⁹ regarding the focus on families and that a family's involvement with the child welfare system should be temporary. The work with Alia included permanency and safety supervisors, CPS and Safety Consultants, and Program Managers from 16 districts across Oregon. The participants, split into three cohorts, participate in learning circles and intensive case consultations to improve family engagement and achieve permanence. CW staff responsible for certifying resource family homes also receive specialized training on the certification process. CW staff had access to microlearnings as well, with topics including anti-racism work, navigating hard conversations, and using supportive language

⁷⁹ Alia: <https://www.aliainnovations.org>



with families. These staff were able to practice skills relating to permanence and change and can now use those skills with families and model them for their peers. Trainings and programs such as these reinforce the importance of permanency and the positive outcomes that come from genuinely supporting resource families.

4.4.5 Placement Matching: Summary of Key Theme

Finding: Since 2016, CW has expanded the Child Adolescent Needs and Strengths Tool (CANS) to placement matching and determination of a level of need and supervisory requirements. The Structured Analysis Family Evaluation (SAFE) home study tool has also been revised in the past two years to reflect the inclusivity and equity prioritized by the Vision for Transformation. These improvements in practice have not yet resulted in better outcomes for children, as Oregon's placement stability data has not improved.

Focus group participants shared that CW does track caregivers' strengths, but those strengths do not always match up with children who need placements. CW conducts a Child and Adolescent Needs and Strengths (CANS) screening for every child or young adult in ODHS custody to determine the child's level of care, supervision needs, and case planning information.⁸⁰ The information regarding the child's level of care and the caregivers' strengths and capacities allow caseworkers to make appropriate placement matches. The CANS tool was not used in this manner before 2016 and is evidence-based.

CW procedure requires caseworkers to assess the child's needs and the provider's ability before choosing a placement option to ensure an appropriate match and to reassess at each 90-day case plan review. While this requirement exists in policy, some focus group participants shared that placement matching does not occur consistently and that it can be nearly impossible to accurately match placements in crisis situations.

Placement stability data is one way to illustrate the accuracy of placement matching. When children are placed with caregivers whose skills and abilities match their needs, those placements maintain stability more than when a mismatch occurs. CW's data show that children placed with relatives experience fewer moves than those in other types of placements. These data are shown in Figure 9, in Section 4.5.4, for federal fiscal year 2023. The data show that children and young adults placed with relatives stay in that placement (with zero moves) nearly fifty percent of the time.

The national standard for placement stability for the CFSR Round 3 is less than or equal to 4.12 moves per 1,000 days of foster care (shown by the red line in the graphic below). The figure below shows Oregon's number of moves per 1,000 days in care from March 2016 –

⁸⁰ Oregon Department of Human Services Child Welfare Procedure Manual. (Rev. 10/4/2021) (pp. 755–766).



December 2021. Oregon's placement stability rate has remained relatively consistent over this period despite improvements in practice.

Figure 7. Placement Stability: Number of Moves per 1,000 Days in Care



The Structured Analysis Family Evaluation (SAFE) home study is used by CW for resource families, relative caregivers, and prospective adoptive parents to determine the efficacy for matching relative and non-relative providers. CW completed an analysis of this tool and subsequently updated the questionnaires used in the tool to focus on inclusivity and equity. CW has committed to providing training, technical assistance, and support to certifiers using the tool. Certifiers will also receive refresher training, learning labs on mitigation of risk factors and completing SAFE questionnaires, and resources for sharing this information with families.

Caseworkers and certifiers have requested a home study tool specific to relative providers, and CW is continuing to analyze practice and considering making this change.

4.4.6 Service Provision to Caregivers: Summary of Key Theme

Finding: Since 2016, CW has provided services and supports to resource parents despite funding limitations. During the beginning of the COVID-19 pandemic, CW provided cell phones and computers to resource families to facilitate attending remote court hearings and virtual school. ODHS also received funding for a formal respite program, which began in 2022, and CW has hired staff dedicated to this program to expand its use statewide. CW also partners with community organizations to provide respite activities to resource parents at the local level.

CW provides services and support to substitute care providers to ensure that children are cared for and appropriately supervised. One interviewee shared that “we definitely do what we can to provide those services,” but cited funding and other resource limitations as



obstacles. Despite limitations, during the COVID-19 pandemic, CW purchased cell phones for resource parents to assist in attending remote court hearings and meetings, and computers for children and young adults to access virtual school activities. Some local agencies provided internet hotspots for families to mitigate internet connectivity barriers.

While Oregon historically has not had sufficient respite providers for resource families, ODHS recently received \$14.5 million from the legislature to create a formal respite program for children at varying levels of care. CW has hired a coordinator for this program and is drafting policies and rules for this service. CW does offer respite activities for resource parents, including a parents' night out to allow resource parents time to refresh. The Response and Support Network (RSN) is currently being piloted in Multnomah and Washington Counties to provide emergent mental and behavioral health crisis needs. This program is available to resource parents 24 hours a day, 7 days a week, and services are provided immediately. This program will expand to Deschutes County next, and CW has submitted a Policy Option Package (a proposal to change the level of service or funding sources for activities authorized by the Legislature, or to propose new program activities not currently authorized.)⁸¹ to implement statewide.

Resource parents also have access to programs such as KEEP, which offers affinity groups for parents caring for children and young adults with similar characteristics, such as toddlers, teens, children, and young adults in the LGBTQIA2S+ community, Native American, Spanish-speaking, and transracial families, and others. Caregivers can also use services and support from Every Child, an organization committed to recruiting and supporting resource families. Every Child provides services in 23 Oregon counties and continues expanding statewide.

4.4.7 Tracking Capacity: Summary of Key Theme

Finding: Tracking capacity and vacancy of resource homes is inconsistent in OR-Kids and does not allow caseworkers to see the complete picture of availability and placement type to match placements accurately. While there has not been progress in tracking capacity, this does not outweigh the other improvements made for recruiting, retaining, and supporting resource parents. Also, as data are used more consistently across CW, caseworkers and supervisors will have access to more information to allow them to track the capacity of resource homes.

The current capacity and vacancy for resource homes are tracked manually through OR-Kids, which does not capture all necessary data. OR-Kids users can see how many homes

⁸¹ Oregon.gov. *How to Write an Effective Policy Option Package* [How to Write an Effective Policy Option Package](#).



are certified but need help seeing homes that are pending certification or needing certification renewal. The number of certified homes is useful but does not allow caseworkers to track the actual capacity of homes and look at specific placement types, such as how many beds are available for a particular population, level of care, or other characteristics, such as whether gender-affirming homes exist in their community.

Further, OR-Kids may show the number of open beds, but the data still need to be completed. OR-Kids may not show which resource homes are temporarily not accepting children. Resource parents can adjust their preferences for the children they care for, but that information needs to be consistently tracked in OR-Kids. The inconsistency and inaccuracy of the data leads to caseworkers lacking faith in the information and requires additional work to locate open and appropriate placement options.

When caseworkers need to make quick placement decisions, the inability to accurately track placement capacity and the additional time it takes when the data is unavailable can lead caseworkers to turn to temporary lodging. According to some focus group participants, temporary lodging is used as an additional resource for placement rather than a last resort, as it is intended.

4.5 CW made progress during the identified timeframe to improve permanency for children in substitute care

Finding: Since 2016, Oregon Child Welfare has made progress in improving the prioritization of permanency for children in substitute care through the Vision for Transformation and its initiatives. Despite the improvements, the data show that it has taken longer for children and young adults to reach permanency over the past two years. Based on the available evidence, COVID-19 contributed to the delays in reaching permanency over this period.

4.5.1 Key Themes

Table 7. Key Themes

Key Theme	Description
Placement Matching	CW has expanded the use of the CANS to support placement decisions and outline supervision needs. The Oregon Indian Child Welfare Act has expanded permanency options for American Indian and Alaskan Native children and young adults.



Key Theme	Description
Placement Stability	CW has created new efforts to stabilize placement options for children and young adults and developed further training for caseworkers that highlights the importance of permanency. Oregon's placement stability remains above the national standard.
Timeliness	CW has prioritized timeliness to permanence through the Vision for Transformation and collaborates with court partners to address the timeliness of court hearings and decisions. Despite these efforts, the data show that it has taken longer for children and young adults to reach permanence over the past two years due in part to delays in hearings and interruptions to family time due to COVID-19.
Temporary Lodging	CW meets regularly with the Oregon Health Authority and the Office of Developmental Disability Services to discuss possibilities for young adults at risk of needing temporary lodging. The instances of temporary lodging are low compared to the total population of children and young adults in substitute care.

4.5.2 Qualitative Evidence of Improvement: Prioritizing Permanence

Permanence for children and young adults in child welfare is the development and maintenance of permanent relationships and connections. Permanence is crucial for children and young adults to experience safety, healthy development, and well-being.

Child welfare has experienced a shift in recent years, emphasizing the importance of relational and cultural permanence and not solely legal permanence. Legal permanence is the relationship established through reunification, adoption, or guardianship. Relational permanence is an emotional attachment between children and young adults and their caregivers and family members. Cultural permanence is the continuous connection to family, traditions, age, ethnicity, language, and faith.⁸² Rather than simply focusing on identifying a connection to be a legal permanent option for children in foster care, child welfare agencies, including Oregon, are recognizing the vital need for relational and cultural ties.

⁸² National Center for Child Welfare Excellence at the Silberman School of Social Work. *What is Youth Permanency?* http://www.nccwe.org/toolkits/youth-permanency/what_is_youth_permanency.html



The beliefs outlined in the Vision for Transformation help “children and young adults have better long-term outcomes and keep the bonds and connections critical to their well-being.”⁸³ CW’s policy language around assessment, placement matching, placement preferences, family interaction, working with relatives, CANS assessments, resource parent training, and services to families all contribute to improving permanence.

Focus group participants shared that there has been a substantial culture shift around permanence, moving from waiting “to see how it goes” for children in placement to a sense of urgency around making permanency decisions.

CW now has a “genuine focus on the fact that children don’t belong in foster care... We used to have ‘permanent care foster homes’ and we were proud of those foster parents who agreed to raise kids and see them leave the system, but that’s not the value we have anymore, and I’m so thrilled by that. We do kids such a disservice by holding kids in foster care for so long.” – Interview Participant

According to ODHS’ 2023 Annual Progress and Services Report (APSR)⁸⁴, CW has spent several years developing a strategy to provide support and services earlier and less intrusively to help keep children in their homes. The Family Preservation Program was implemented on March 28, 2022, in three pilot sites representing a small, medium, and large local office. The local leadership teams, community partners, and parent mentors were included in planning and preparation efforts, and community forums were convened to help develop the program training. CW hired a Family Preservation Program Manager in 2022, and CW’s goal is to expand family preservation practices in 2023. Chapin Hall and Casey Family Programs provided technical assistance and support through developing and implementing the Family Preservation Program and have helped integrate CQI and lessons learned to prepare for statewide implementation.

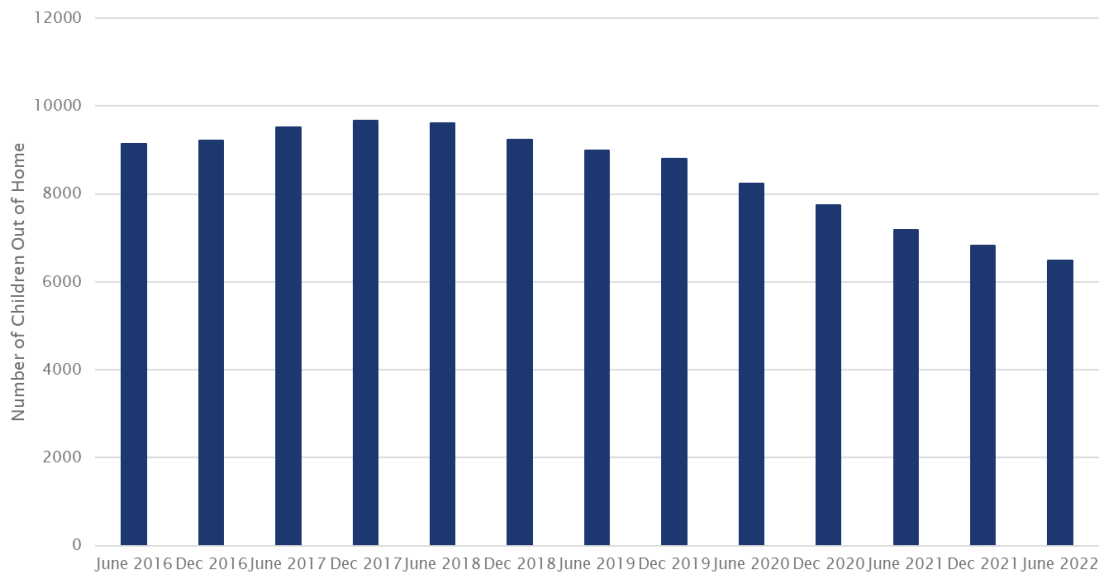
Oregon’s recognition of the need to keep children safely at home has contributed to dramatically reducing the number of children placed into substitute care, which has dropped approximately 30 percent in Oregon since 2018, as shown in the graphic below.

⁸³ Oregon Department of Human Services. (2020). *Child Welfare Division Vision for Transformation*. <https://www.oregon.gov/odhs/child-welfare-transformation/pages/default.aspx>

⁸⁴ Oregon Department of Human Services Child Welfare Division (June 30, 2022). Annual Progress and Services Report 2023. <https://www.oregon.gov/odhs/data/pages/cw-data.aspx> (See pp. 69–71).



Figure 8. Number of Children in Substitute Care 2016–2022



4.5.3 Placement Matching: Summary of Key Theme

Finding: Since 2016, Oregon Child Welfare has improved efforts to appropriately match children and young adults with their placements and caregivers. CW has expanded the use of the CANS to use the child’s level of need in placement decisions. The recent passage of ORICWA has included developing permanency options and considerations for American Indian and Alaskan Native children and young adults.

Matching placements of children and young adults with appropriate caregivers contributes to permanence by increasing placement stability. Additional information on the importance of placement matching can be found in Section 4.4.

Accurately matching children and young adults with their caregivers requires the ability to track the skills and capacities of their caregivers. According to interviewees and focus group participants, CW tracks skills and capabilities and matches them to children and young adults using the CANS, as described in Section 4.4. The use of the CANS for placement matching and determining supervision levels has begun in the past several years, expanding the use of the assessment tool.

A significant area of improvement for placement matching since 2016 came with the passage of the Oregon Indian Child Welfare Act (ORICWA) in 2020, which demonstrates CW’s priority to “protect the health and safety of Indian children and the stability and security of Indian tribes and families by promoting practices designed to prevent the removal of Indian children from their families and, if removal is necessary and lawful, to prioritize the placement of an Indian child with the Indian child’s extended family and tribal



community.”⁸⁵ Placement matching and following placement preferences are vital aspects of the federal Indian Child Welfare Act and the ORICWA. ORICWA was passed in 2020 based on a request from Oregon tribes and the disproportionate representation of American Indian and Alaska Native children in substitute care. The 2021 Procedure Manual reinforces the importance of ICWA placement preferences and provides instruction for situations where general recruitment of placement options and adoptive resources may be sought. Also, since 2016, CW requested and received money to hire regional ICWA specialists. Additionally, CW is working with Casey Family Programs on multiple interventions to improve practice. For example, CW is currently working with Casey Family Programs in three local districts to promote permanence for children and young adults who are legally free for adoption but do not have adoption as a permanency plan goal.⁸⁶ In addition to this adoption work, CW, the ODHS Tribal Affairs Unit, the Oregon ICWA Advisory Council, and Casey Family Programs are revising Casey’s In-Depth Quality Review Guide to include expanded tribal definitions of permanency as culturally appropriate permanency options are a priority for the division. CW will use this to review and make permanency recommendations for children and young adults who are eligible for membership or enrollment in a federally recognized Tribal Nation. One such example of an expanded definition of permanency outlined in the 2023 APSR is Tribal Customary Adoption (TCA), which can be chosen by the child’s Tribe. The completion of a TCA is coordinated among the child’s Tribe, state juvenile court, and ODHS. CW developed administrative rule and training for TCA in collaboration with ODHS Tribal Affairs and the Tribal Nations and are developing additional procedures, forms, and related processes.

4.5.4 Placement Stability: Summary of Key Theme

Finding: Since 2016, Oregon Child Welfare has introduced new efforts to stabilize placement options for children and young adults, including prioritizing relative placements and strengthening training for caseworkers that highlights the importance of permanence. Placement stability has yet to improve despite practice improvements. The quantitative data show the use of temporary lodging is relatively low despite the perception among caseworkers that temporary lodging is used as a placement option rather than a placement of last resort.

The goal of placement stability is to reduce the number of times a child is moved, acknowledging that each move can be a traumatic experience for the child and family. More information on placement stability can be found in Section 4.4 of this report.

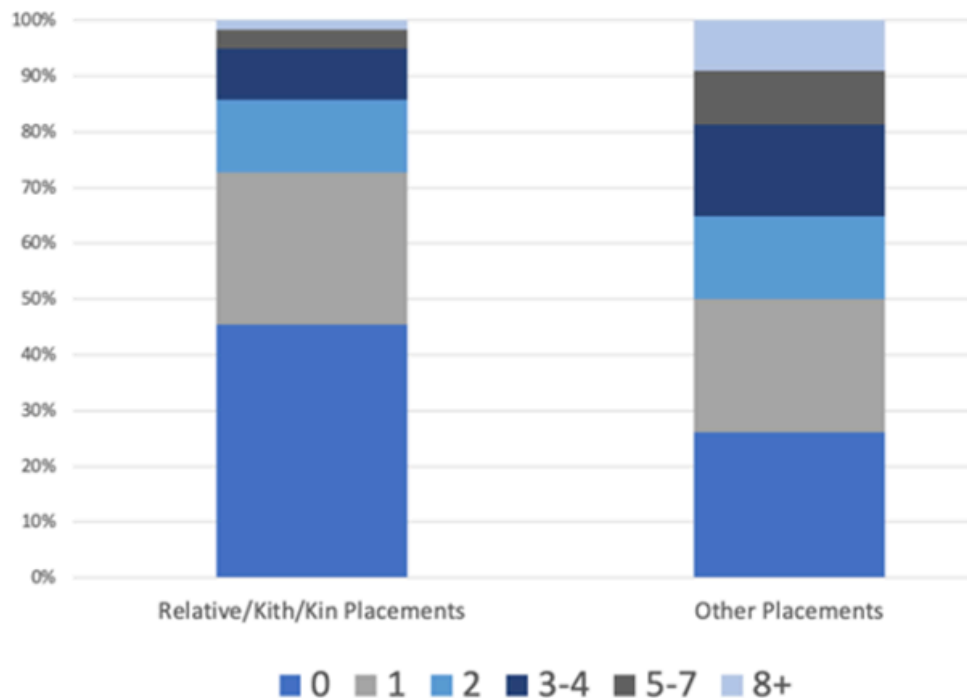
⁸⁵ OAR 413–115–0010. <https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=285052>

⁸⁶ Oregon Department of Human Services Child Welfare Division (June 30, 2022). Annual Progress and Services Report 2023. <https://www.oregon.gov/odhs/data/pages/cw-data.aspx> (p.43).



Since 2016, CW has taken several steps to improve placement stability, including highlighting the young adult's voice and opinions on their permanency goals, prioritizing placement with relatives, and conducting ongoing searches for relatives throughout a child's involvement with child welfare. Research shows that initial relative placements lead to more stability for children and young adults, and CW's data support that. Oregon's data show that children placed with relatives experience fewer moves, as shown in the graphic, below, when compared with children who are not placed with their relatives.

Figure 9. Number of Moves Based on Placement Type



More information on initiatives regarding relative placements can be found in the appendix.

Focus group participants mentioned an appellate decision around guardianship that would allow caseworkers to consider permanent guardianship. The ability to offer another permanency option for children and young adults is significant, and some participants mentioned that this has not been available to some branches for over a decade.

4.5.5 Timeliness to Permanence: Summary of Key Theme

Finding: Since 2016, Oregon Child Welfare has evolved, through the Vision for Transformation, into a permanency-driven organization with several projects dedicated to improving timeliness to permanence. CW collaborates with the Juvenile Court Improvement Program to address delays in court hearings and rulings. However, the data show that for all but one of the measures, it is taking longer for children to reach



permanence, partly due to delays in hearings and interruptions to family time due to COVID-19.

Permanence is a goal for every child or young adult placed into substitute care, and the efforts to reach permanence in a timely manner must begin as soon as children are removed from their homes. Achieving timely permanence requires leadership prioritization and allows child welfare agencies to become permanency-driven organizations.⁸⁷ The creation and implementation of the Vision for Transformation establishes Oregon CW as a permanency-driven organization and demonstrates the sense of urgency for permanence across the agency.

The Vision for Transformation outlines several strategic projects dedicated to increasing timeliness to permanence, including improving reunification procedures, engaging family members in case planning, and collaborating with the courts. The 2023 APSR describes joint work with the Juvenile Court Improvement Program (JCIP) to reduce time to permanence with a focus on reunification through a joint Program Improvement Plan.⁸⁸ CW permanency leadership and JCIP staff meet quarterly to develop communication and relationships, discuss strategies to improve timeliness and review progress and planning for collaboration.

The Permanency Advisory Committee, which includes CW permanency staff and leadership from each of the 16 districts, meets monthly to identify root causes of permanency-related issues, implement efforts to improve permanency, and streamline processes to support children and families in achieving permanence.

A significant challenge to improving timeliness to permanence since 2020 has been the number of rescheduled or delayed permanency hearings due to COVID-19. Many local courts were closed at the beginning of the pandemic and caused significant backlogs for permanency hearings. The delay in holding these hearings has postponed permanency decisions, including termination of parental rights (TPR), which allows children to be eligible for adoption.

Federal measures of timely permanence consider that the likelihood of returning home or being adopted varies over the duration of a child's time in substitute care. Federal CFSR outcomes include three measures of timely permanence: rates for children in care for the most recent 12-month period, for 13–24 months, and more than 24 months. Figure 10 below shows that a child's likelihood of permanence within a year of entering care has

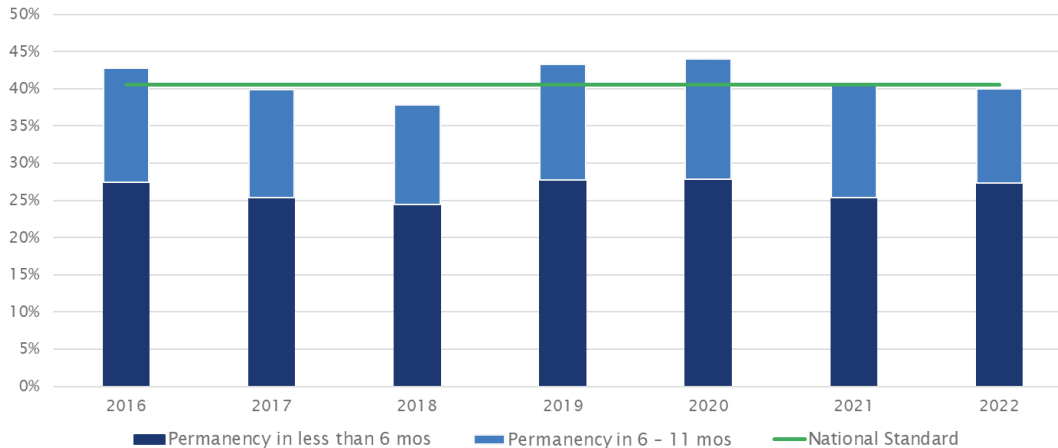
⁸⁷ Casey Family Programs. (August 2018). Strategy Brief: What are some effective strategies for achieving permanency? https://caseyfamilypro-wpengine.netdna-ssl.com/media/SF_Effective-strategies-for-achieving-permanency-1.pdf

⁸⁸ Oregon Department of Human Services Child Welfare Division (June 30, 2022). Annual Progress and Services Report 2023. <https://www.oregon.gov/dhs/children/Pages/data-publications.aspx> (pp. 80–81).



remained consistent since 2016, but a higher portion occurred earlier in 2022. A slight dip in permanence within the first 12 months of 2022 put the CW agency just below the Federal Standard.

Figure 10. Rates of Permanence Within First 12 Months of Entry



Oregon's data also show that CW met the standard of 13–23 months several times over the last four years and more so in 24+ months. Decreases in the previous two years coincided with COVID-19 restrictions and limitations on family interaction and court hearings.

4.5.6 Temporary Lodging: Summary of Key Theme

Finding: CW's goal is to avoid the use of temporary lodging. Since 2016, Oregon Child Welfare has increased planning and collaboration around using temporary lodging when necessary and began tracking data in July 2018. CW meets regularly with the Oregon Health Authority and the Office of Developmental Disability Services to discuss possibilities for young adults at risk of needing temporary lodging. The number of children and young adults using temporary lodging has decreased during 2022.

Temporary lodging is used in crisis situations when there are no placement options for a child or young adult. It consists of a stay in a hotel with a CW caseworker until a placement option can be located. According to the 2023 APSR⁸⁹, CW continually identifies children and young adults at risk of needing temporary lodging and uses prevention staffings with community partners to identify services and supports that would mitigate the need for temporary lodging.

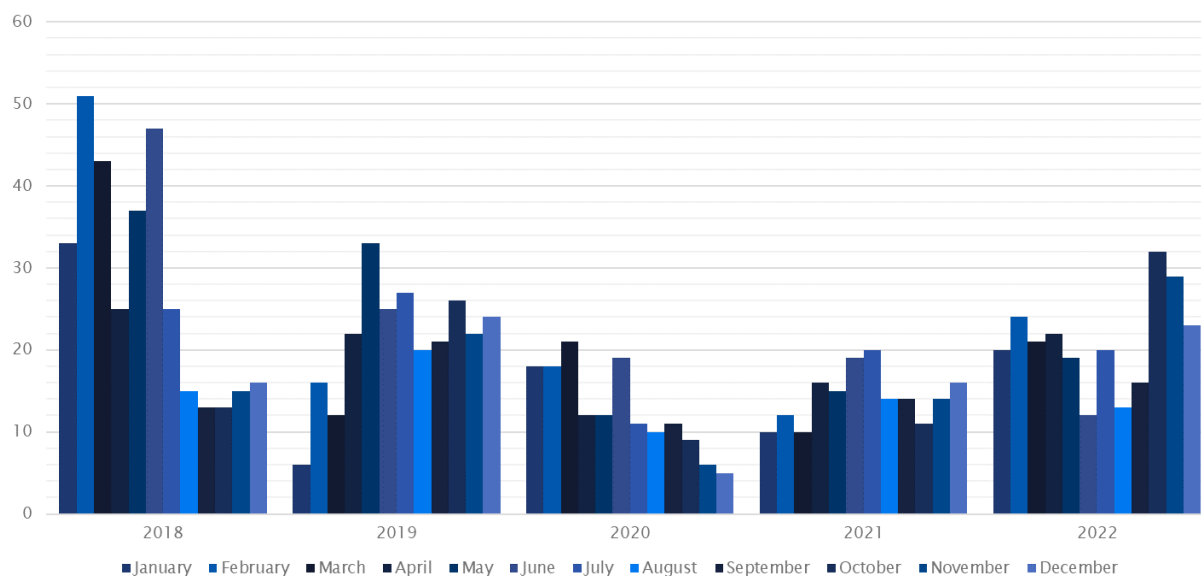
⁸⁹ Oregon Department of Human Services Child Welfare Division (June 30, 2022). Annual Progress and Services Report 2023. <https://www.oregon.gov/dhs/children/Pages/data-publications.aspx> <https://www.oregon.gov/odhs/data/pages/cw-data.aspx> (See pp. 36, 55)



Due to these preventative conversations, many children and young adults at risk of needing temporary lodging remain in their current placements. ODHS' July 2022 Child Welfare Progress Report⁹⁰ showed that of the children and young adults identified as at risk of needing temporary lodging in the first two quarters of 2022, 74 percent were diverted due to cross-system collaboration.

Figure 11, below, shows the use of temporary lodging from 2018–2022 by month. While there have been increases during that period, the number of children or young adults with at least one day of temporary lodging during a given month has decreased over the past four years. During the same period shown in the graphic below, the number of children or young adults in care ranged from approximately 5,700 to 8,700.⁹¹ This means that even at the highest number of children in temporary lodging (51), the percentage of children or youth in care who experienced temporary lodging was less than one percent.

Figure 11. Number of Children or Young Adults with at Least One Day of Temporary Lodging During the Month



Despite the data showing that the number of instances of temporary lodging is low compared to the total population of children and young adults in substitute care, some interviewees and focus group participants perceived the use of temporary lodging at a higher level than desired. Participants highlighted teenagers with mental health needs as a significant contributor to temporary lodging case needs. They noted that while this often showed in more urban areas, it is a statewide issue. Discussions with CW leadership show that the numbers of adolescents and young adults in temporary lodging are not

⁹⁰ ODHS Child Welfare Division Progress Report. (July 2022). <https://www.oregon.gov/odhs/child-welfare-transformation/progressreports/cw-progress-report-2022-07.pdf> (p.8).

⁹¹ Oregon Child Welfare Data Set, ROM Data. <https://oregon.rom.socwel.ku.edu/>



significantly increasing, but the young adults in temporary lodging have increasingly complex needs. These high needs restrict appropriate placement options for young adults and leave caseworkers feeling overwhelmed by the daily necessities of supervising these young adults.

Participants recognized that leadership, through the Vision for Transformation and collaboration across the child-serving system, is addressing the need for temporary lodging but noted there is still work to be done to see the additional impact. Much like other states using temporary lodging, Oregon has policies and structures occurring in silos, and there is room to improve this into a more collaborative effort. To that end, CW participates in regularly scheduled meetings with liaisons from the Oregon Health Authority (OHA) and the Office of Developmental Disability Services (ODDS) to collaborate on cases where temporary lodging is discussed and reduce placement barriers. These are crucial partnerships to reduce the use of temporary lodging. The 2023 APSR describes regular meetings between CW and ODDS to jointly identify ways to mitigate barriers to placement for children and young adults involved with both systems. The Multnomah County CW office is currently exploring partnerships to reduce these barriers and has established a workgroup with the Multnomah County DD Office.

Also, CW works with OHA to identify and access mental health services for children and young adults who may be at increased risk of needing temporary lodging. This partnership between CW and OHA has allowed Coordinated Care Organizations (CCOs) and mental health providers to address barriers to timely mental health services and simultaneously engage children and young adults who need these services. The APSR describes instances of children and young adults changing communities and having their previous mental health providers assist with transitions to new services.

4.6 CW made significant progress to improve permanency planning

Finding: CW made significant progress to improve permanency planning during the identified timeframe. This progress is evidenced by a shift from compliance to engagement in the work with families, the appointment of a Deputy Director with a rich history in permanency practice, the convening of a Permanency Advisory Council, the use of the CANS assessment to create data-driven permanency plans, and more timely permanency hearings.



Table 8. Key Themes

Key Theme	Description
CW Leadership has Consistently Prioritized and Elevated Permanency Planning	CW leadership prioritized permanency planning in the Vision for Transformation, added a key leadership position with permanency planning knowledge, and shifted from focusing on compliance to the engagement of families. Additionally, CW's development of a CQI and QA framework as part of the case review process strengthens their focus on permanency planning. Finally, CW now convenes the Permanency Advisory Council, which is comprised of permanency staff and leadership from each district to discuss ways to continually improve permanency planning within the state.
Families are Engaged in Creating and Updating Their Permanency Plans Using an Evidence-Based Assessment Tool	CW has increased the engagement of families in permanency planning by encouraging the use of Family Decision Meetings. They have also expanded the use of the CANS Tool to encompass case planning and permanency planning. CW policy does not outline specific timelines for permanency plan updates, which PK would expect to see. However, the permanency plan is a component of the case plan for children in substitute care, and Oregon administrative rule does require case plans to be reviewed and updated every 90 days. However, despite missing this language for permanency plans, the timeliness of permanency hearings has improved over the last year.

4.6.1 Leadership Prioritization: Summary of Key Theme

Finding: Since 2016, CW leadership has consistently prioritized and elevated permanency planning by embedding permanency practice into the daily work. CW has used data, through the case review process and CQI, to improve permanency planning. CW also created the Permanency Advisory Council to gather feedback from CW staff to improve permanency planning.



Permanency planning is how CW makes efforts to achieve permanence for every child and young adult. CW's Vision for Transformation prioritizes permanence.⁹² Since 2016, CW has prioritized permanence by changing the culture around permanence, which is becoming more embedded throughout the workforce. CW has also implemented proven techniques such as the case review process, continuous quality improvement, and creation of the Permanency Advisory Council. The case review and CQI processes are iterative and ongoing, and in other states have led to continued progress and improvement in outcomes.

CW leadership's shift to family engagement and family integrity has improved the quality of permanency planning. Assessment participants noted that having a Deputy Director for Program and Practice, Lacey Andresen, who has dedicated her career to permanency practice, provides a great deal of support for permanency planning. Ms. Andresen was appointed to the Executive Leadership Team in February 2019. Before Ms. Andresen joined the leadership team, the agency's focus for permanency planning was on compliance. This new leadership team shifted focus to the importance of family engagement as part of permanency planning, which in turn, leads to improved outcomes according to research. This shift to family engagement has already improved the quality of the permanency plans. The consistent message from CW leadership is that children do better with their families and this value permeates the practice. CW's continued effort to engage families, to focus on race equity issues, and advocate for individualized planning and services shows. Assessment participants also recognized the link between engaging with families and improved permanency planning.

Permanency planning is now a more formal priority within CW and is becoming engrained into the organizational culture. Some focus group participants saw a shift within CW leadership to recognizing caseworkers as experts and supporting their services and permanency plan recommendations. Other assessment participants felt that leadership is not yet fully prioritizing permanency planning due to competing priorities and the implementation of other initiatives. Many participants shared that permanency is consistently addressed throughout the Central Office but that CW sometimes does not provide concrete support to local offices to implement improvements. Implementation science recognizes that shifting agency culture takes time to impact the entire organization and is impacted by agency resources allocated to multiple interventions and programs. The time that it takes to shift agency culture is likely responsible for the differing opinions. The progress in permanency planning can be seen through the staff's perception that their

⁹² Oregon Department of Human Services. (2020). *Child Welfare Division Vision for Transformation*. <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/de2445.pdf>



expertise is being recognized and respected, and if leadership maintains this priority, the expectation is that staff will continue to see the impact.

CW's development of a CQI and QA framework as part of the case review process further strengthens its focus on permanency planning. CW conducts a case review that helps staff understand barriers and capitalize on strengths in permanency planning. Additional information about the case review process can be found in Section 4.9. These case reviews are part of the overall QA and CQI system, described in Section 4.3, in which Permanency Consultants play a significant role. One aspect of CW's CQI process is convening and facilitating the Permanency Advisory Council (PAC), which is comprised of permanency staff and leadership from each district to discuss ways to continually improve permanency planning within the state. This Council includes permanency staff and leadership from all 16 districts. The PAC meets monthly to conduct root cause analyses on permanency-related issues, implement improvements to permanency practice, and find efficiencies in achieving permanence.⁹³ This is a best practice and has been proven to lead to better outcomes.

4.6.2 Family Engagement: Summary of Key Theme

Finding: Since 2016, CW has increased family engagement in permanency planning through Family Decision Meetings, the development of family plans, and the use of the CANS Tool for permanency planning.

Every child or young adult in substitute care must have a permanency plan that drives the decisions made for their placements, supervision, and services. The permanency plan determines the goal for the child and family and is reassessed throughout the duration of a family's involvement with the child welfare system. The primary plan is the family's desired outcome, and the concurrent plan is established in the event the primary plan is not achievable. Keeping permanency plans current is crucial to achieving successful permanence for children and young adults in substitute care. Permanency plans must reflect the current needs and strengths of the family to ensure the team is working toward the most appropriate goal.

CW has increased the engagement of families in permanency planning by the use of Family Decision Meetings to help the family share their needs and goals and inform the permanency and family plan. Family plans are created during Family Decision Meetings (FDM), which are used to make case plan decisions, including reunification or moving toward the concurrent plan.⁹⁴ They have also expanded the use of the CANS Tool to

⁹³ Oregon Department of Human Services Child Welfare Division, Annual Progress and Services Report (APSR) 2023. (June 30, 2022). (p.18).

⁹⁴ Oregon Department of Human Services Child Welfare Procedure Manual. (Rev. 10/4/2021). (p. 473).



encompass case planning and permanency planning. CW policy does not specify the timeline required for permanency plan updates, which PK would expect to see. However, despite this missing best practice, the timeliness of permanency hearings has improved over the last year.

- **Since 2016, CW has strengthened guidance on using Family Decision Meetings for permanency planning purposes and underscored the importance of family voice in creating permanency plans.** Identifying appropriate permanency plans requires family engagement and support. As caseworkers engage the family and learn about family dynamics, they are better able to identify appropriate permanency plans for each child. Assessment participants shared that family meetings happen frequently and that the CW workforce engages families very well.
- **CW has emphasized the value of family engagement in permanency planning, but also has room to improve permanency planning practice.** Assessment participants recognized that identifying appropriate permanency plans is a priority, but it doesn't always happen. This is supported by survey results that show most staff believe that CW identifies appropriate permanency plans some or all the time when the goal is to always do so. Determining appropriate permanency plans can be challenging depending on the family's resources and support networks that can assist with reunification or relative placements. They mentioned that timeliness of concurrent planning is a systemic issue as this includes scheduling and conducting permanency hearings, which is outside of CW's control. Interviewees and focus group participants shared that agency leadership promotes the identification of appropriate permanency plans, but they were not certain how this occurs within local offices.
- **CW has increased the engagement of families in permanency planning by encouraging the use of Family Decision Meetings.** Since 2016, CW has strengthened policy language from allowing the caseworker and supervisor to determine whether to use an FDM to encouraging them to consistently share progress updates and support timely permanency planning, improving family engagement. Interviewees and focus group participants shared that the family plan includes efforts to engage the child and the family, and this has been a focus for the agency over the last three years. CW has expanded policy language since 2016 regarding descriptions and purposes for family meetings, and emphasizes the importance of holding consistent Family Decision Meetings. Holding these meetings regularly supports caseworkers in gathering updates on the family's progress and keeping permanency plans current.
- **In 2016, CW began using the Child and Adolescent Needs and Strengths (CANS) Tool for case planning and permanency planning rather than the more limited manner it was used previously.** Using the CANS in case planning allows



caseworkers and supervisors to use each child and family's unique needs and strengths to determine an appropriate permanency plan and assess parental capacities. This broadened use of the CANS supports data-driven permanency planning and can contribute to more stable, successful outcomes for children, young adults, and their families.

- **The timeliness of permanency hearings has improved by 4 percent over the last year.** Oregon's 2023 Annual Progress and Services Report (APSR) showed that, according to the Juvenile Court Improvement Program, timeliness of permanency hearings increased from 2020–2021, with nearly 93 percent of subsequent permanency hearings held within 365 days of the prior hearing, an increase from 89 percent in 2020. Holding permanency hearings timely supports positive outcomes for children and young adults by maintaining a sense of urgency in achieving permanence. As stated in Section 4.5, CW collaborates with the Juvenile Court Improvement Program on improving timeliness to permanence.
- **While timeliness of permanency hearings has improved, PK does not have enough data to determine whether timeliness of creation and updating permanency plans has improved or not.** Data collected during this assessment did not allow PK to determine whether permanency plans are changed and updated in a timely manner and according to state requirements. CW does provide policy guidance on specific instances when the permanency plan needs to be reviewed, but there does not appear to be specific policy guidance on a timeframe for reviewing and updating permanency plans, as stated in the beginning of Section 4.6. However, because the Procedure Manual does note that the permanency plan is part of case planning,⁹⁵ the permanency plan must be reviewed every 90 days and updated every 180 days.

4.7 CW made progress to improve individualized assessments for children and families

Finding: Since 2016, CW has highlighted the importance of engaging families and including them in the assessment of needs and strengths to inform their permanency plan and case plan. CW has broadened its assessment efforts by providing additional guidance to caseworkers on assessments and identifying more opportunities to assess throughout the duration of a family's involvement in the child welfare system.

⁹⁵ Oregon Department of Human Services Child Welfare Procedure Manual. (Rev. 10/4/202). (p. 423).



4.7.1 Key Themes

Table 9. Key Themes

Key Theme	Description
Family Engagement	Over the past three years, CW has focused on engaging families to understand better their unique needs and strengths to tailor services to each family better. The Vision for Transformation guides this effort and highlights the need to hear the family's voice throughout the assessment process.
Scope of Assessments	CW has expanded the assessments provided to children, young adults, and families throughout their involvement in the child welfare system. New policy language and tools have been added to allow CW to gather as much information as possible to ensure permanency plans and case plans are comprehensive, responsive, and productive.

4.7.2 Contextual Factors: Vision for Transformation

The Vision for Transformation helps CW to highlight the importance of family engagement and demonstrates the impact of that engagement on outcomes for children and families. The 2023 APSR describes how local offices have created Parent Engagement Plans to overcome obstacles to family engagement. These efforts resulted in an increase in Family Engagement Meetings and Youth Decision Meetings, which allow children and their parents to engage with their caseworkers, and additionally provides supports to create and expand their case plan and permanency plan.⁹⁶

4.7.3 Contextual Factors: Child and Family Services Review Findings

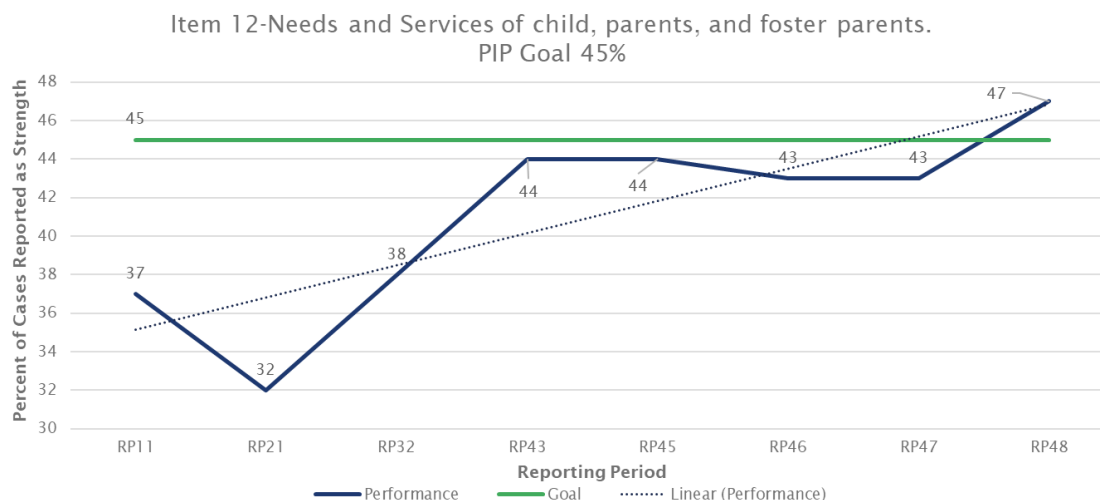
The 2016 CFSR review assessed the adequacy of individualized assessments for children and families measured through Item 12, which asks whether the agency made concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues

⁹⁶ Oregon Department of Human Services Child Welfare Division, Annual Progress and Services Report (APSR) 2023. (June 30, 2022). <https://www.oregon.gov/odhs/data/pages/cw-data.aspx> (p. 71).



relevant to the agency's involvement with the family. As shown in the graphic below, CW has improved engagement with children, parents, and resource parents through the Program Improvement Plan (PIP) period of January 2018 – January 2022, following the 2016 CFSR, and is exceeding the goal set out in their PIP.⁹⁶ This shows CW's dedication to family engagement and improved performance in this area. Improved engagement of families allows CW to meet their needs more consistently, leading to better outcomes.

Figure 12. PIP Performance on CFSR Item 12



4.7.4 Family Engagement: Summary of Key Theme

Finding: Since 2016, CW has prioritized family engagement as part of assessing needs, providing services, and case planning. The Vision for Transformation focuses on engaging families and infusing their lived experience and expertise in identifying needs and services to help them reach their goals.

CW continues to make progress on system transformation, and significant efforts have been dedicated to ensuring children and families involved in the child welfare system receive individualized assessments to identify their specific trauma and needs while ensuring child safety. Procedures now guide child welfare staff to coordinate and collaborate with other professionals in assessing identified needs of families to ensure child safety and address any gaps in parenting, the well-being of children, and any other identified needs. Feedback from the focus groups, interviews, surveys, policy language, and quantitative data on assessment completion show evidence of CW's strengthened attention to authentic family engagement. There are tools in place now to support the engagement of families. According to focus groups, the assessment process creates engagement with families and provides connections that improve permanency planning.



According to focus groups, previous leadership concentrated more on improving the number of assessments than on engagement quality. This has shifted, and now staff believe the current Executive Leadership Team is dedicated to authentic engagement with families to improve their access to services, as outlined in the Vision for Transformation. Focus group participants reported that their work is based on leadership's value, that children do better when they are with family, the foundation of the Vision for Transformation. CW has seen evidence of improvement in the quality of the assessments as training and supervision have reinforced family engagement.

4.7.5 Scope of Assessments: Summary of Key Theme

Finding: Since 2016, CW has expanded the use of existing assessments and added new assessments and policies to gather information from children, young adults, and families. The scope of the assessments CW offers allows caseworkers and supervisors to compile a comprehensive picture of each family's needs to appropriately tailor the services, permanency plan, and case plan.

Staff report that CW leadership encourages caseworkers to complete individualized assessments for children and families, and the Oregon Safety Model supports assessing family members individually to identify strengths. CW has increased training, discussions, and group supervision sessions regarding assessing and serving families.

Caseworkers receive training on case management and the assessment of needs and strengths during initial training and receive supervision throughout their case management duties. When surveyed, most caseworkers and supervisors agreed that CW provides assessment training and coaching and that leadership encourages individualizing assessments for children, young adults, and families.

The new caseload dashboard described in this report also uses OR-Kids data to quantify the number of assessments, cases, or providers each worker is assigned. This allows managers to understand their staff's workload and identify resource needs. The CW Executive Dashboard also includes various metrics, including foster care entries and exits, number of children in care, and data from individual and family assessments.

The number and type of assessments (shown in Section 7.2 of the Appendix) demonstrate a widespread effort since 2016 to assess and provide services to children, young adults, and families throughout Oregon. The changes from 2016 to 2021 show a commitment to clarifying requirements, timelines, and responsibilities for each type of assessment. Quantitative data show improved outcomes for children under age five for at least one assessment, Intake Nursing. Further, as shown in Figure 12 (earlier in this section), since completing the CFSR Round 3, ODHS has improved performance on Item 12, assessing and providing services to address children's, parents', and resource parents' needs, and



exceeded its PIP goal. The improvement in this item illustrates the efforts ODHS has taken to comprehensively assess the needs of children, parents, and resource parents to provide services relevant to their needs and improve outcomes for all involved.

4.8 CW made progress to improve service provision that meets the assessed needs of children and families

Finding: Since 2016, CW has improved service provision that meets the assessed needs of children and families. It is an ongoing challenge for CW to provide the breadth and depth of services to meet the complex needs of children in out-of-home care. The COVID-19 pandemic briefly impacted ODHS' ability to provide access to mental health and medical services⁵. However, evidence from surveys, focus groups, and CFSR results indicates that there has been substantial improvement in the ability of CW to meet children's mental health needs. CW has also expanded partnerships and collaboration to expand access to services, but there is still concern that service availability is uneven throughout the state.

4.8.1 Key Themes

Table 10. Key Themes

Key Theme	Description
Cross-System Collaboration	CW participates in the Oregon System of Care Advisory Council and other ODHS areas and partners in the child-serving system. Service provision during the COVID-19 pandemic was mixed, as families with access to technology could use virtual services, but those without such access could not use remote services.
Process Improvements	CW expanded the use of the CANS Tool to identify and provide services that directly meet the needs identified for each child and family. CFSR results for providing services that meet mental health needs and case plan goals have improved since 2016.
Targeted Services	CW has prioritized meeting the needs of special populations through targeted services, including young adults, those with complex needs, and those who identify as part of the LGBTQIA2S+ community.



4.8.2 Cross-System Collaboration: Summary of Key Theme

Finding: Since 2016, CW has participated in the System of Care Advisory Council, which is dedicated to improving services across the child-serving system and has improved partnership with ODDS and OHA to better serve families in the child welfare system. During the COVID-19 pandemic, families with technology and internet access had virtual access to services that had not previously been available to them and was not available to families without such access.

Child Welfare is responsible for the safety, permanency, and well-being of the children and youth in its care and custody. Delivery of services to children is critical in achieving positive outcomes for Oregon children. While CW cannot direct medical or mental health services, CW must coordinate with other systems to ensure children and youth receive services for their potentially complex needs. Children and families often need services from multiple providers to meet their needs and develop their strengths.

In 2019, the Oregon legislature established the Governor's System of Care Advisory Council to "improve the effectiveness and efficacy of child-service state agencies and the continuum of care that provides services to youth."⁹⁷ The Council provides leaders with a venue to address system wide issues impacting children, youth, and families throughout the continuum of child and family serving agencies. Ms. Jones Gaston has participated in the Council along with other representatives from ODHS, including ODHS Director Fariborz Pakseresht.

Collaboration with the behavioral health system and substance abuse providers has improved over the past several years through stronger partnerships and better information sharing. Please see Section 4.5 for more information on this collaboration. ODHS leadership now convenes monthly leadership meetings with representatives from ODDS and OHA to address and resolve systemic barriers, including operational differences, training and development opportunities, and improvements or modification to data information systems.

Despite these partnerships, CW is facing limitations in capacity to provide supportive services that families need as these services are outside CW's purview. At times, the services needed by families do not exist, which is not within CW's ability to control. The COVID-19 pandemic impacted the service network significantly as providers shifted to delivering services virtually, which was a challenge for families without internet access and appropriate technology. However, permanency caseworkers state that during COVID-19, service delivery improved to support parents in meeting case plan goals. Access to virtual

⁹⁷ Oregon Health Authority: System of Care Advisory Council. <https://www.oregon.gov/oha/HSD/BH-Child-Family/Pages/SOCAC.aspx>



services allowed for parents in rural areas of the state to access services that had previously not been available in their area.

4.8.3 Process Improvements: Summary of Key Theme

Finding: Since 2016, CW has expanded the use of the CANS Tool to identify and provide services that directly meet the needs identified for each child and family. This prioritization of appropriate service provision is demonstrated in improved CFSR results for meeting mental health needs and case plan goals from 2016 to 2021.

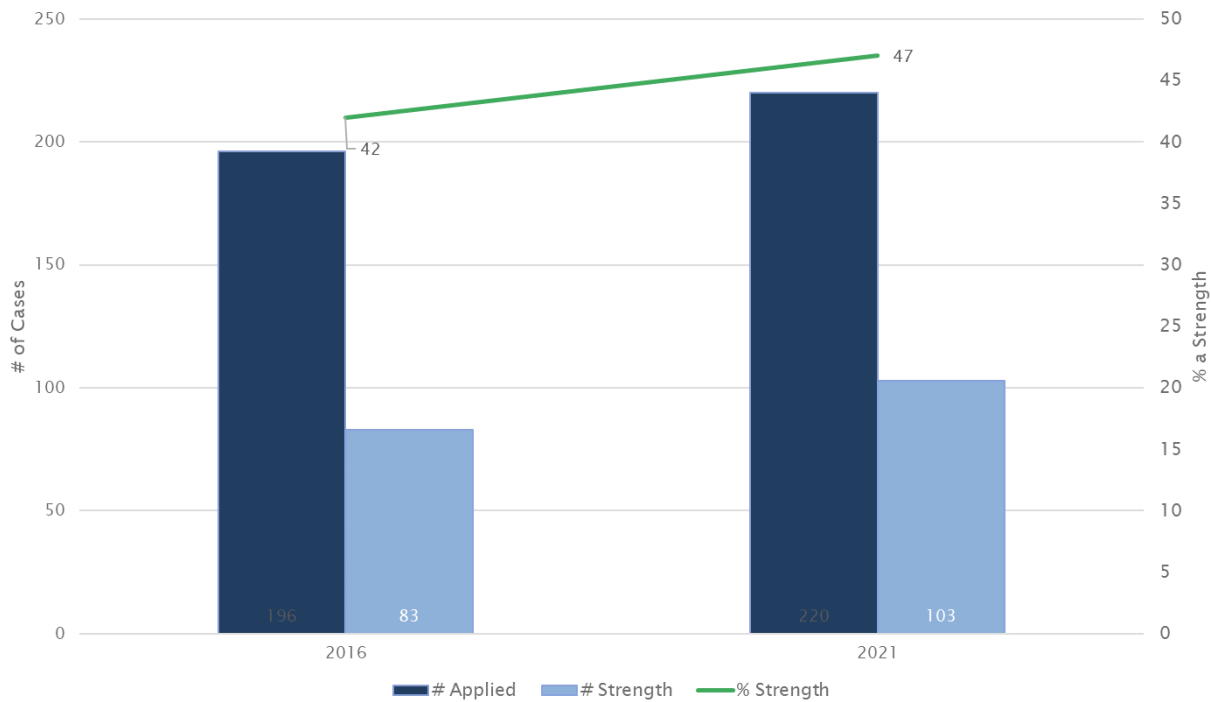
CW must assess the needs of and provide services to children, young adults, and families to identify the services necessary to achieve case goals and adequately address the issues relevant to the family's involvement with CW.

As discussed in Section 4.7, the CANS Tool is used to assess needs and strengths and, since 2016 has begun to be used to identify services. With consistent assessments and authentic family engagement, more needs are identified. CW provides services to meet children's needs, but as mentioned earlier in this report, staff still face limits in what services are available. Thirty percent of survey respondents reported that CW cannot maintain an adequate statewide service array.

The CFSR monitors CW's ability to meet children's and families' needs. There has been substantial improvement in rating Item 18 of the CFSR, mental health assessment and services, as a strength from 2016 to 2021, as shown in the figure below.

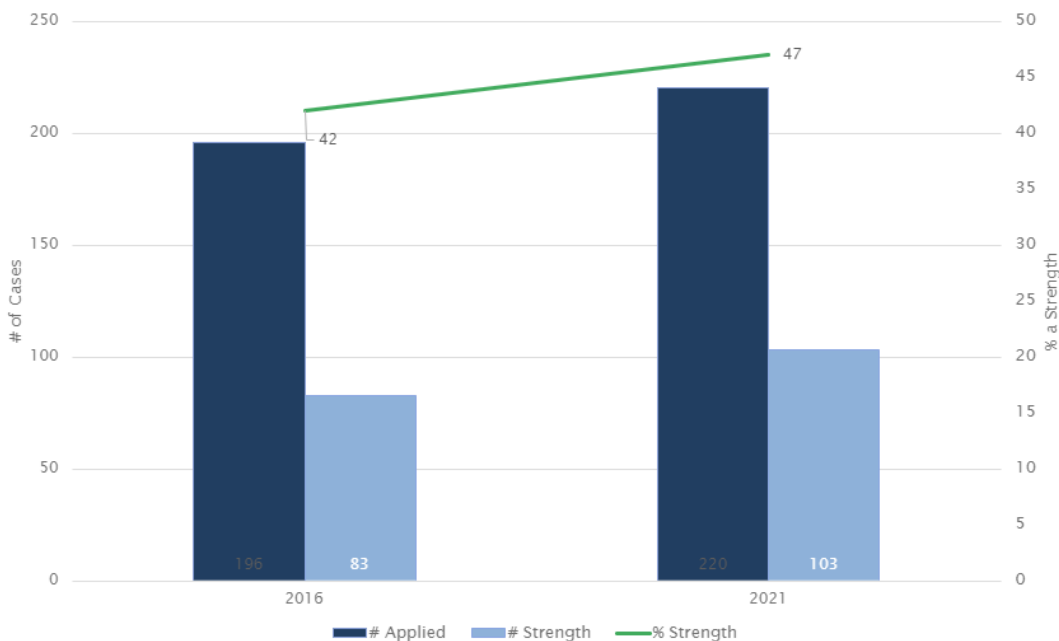


Figure 13. Mental Health Needs Met Rated as a Strength



CW also made progress in CFSR Item 12, assessing the needs of and providing services to children, parents, and resource parents to identify the services necessary to achieve case goals, evidenced by an increase of 5 percentage points in case review findings.

Figure 14. Child's, Parent's, and Resource Parent's Needs Met Rated as a Strength





4.8.4 Targeted Services: Summary of Key Theme

Finding: Since 2016, CW has focused on providing services to specific populations of children and young adults in substitute care, namely older children, those with complex needs, and those who identify as part of the LGTBQIA2S+ community. CW has refined the delivery of independent living services and partnered with Basic Rights Oregon and the Foster Homes of Healing coalition to expand services for these populations.

Since 2016, ODHS has begun providing funding for services to children and families who cannot be supported elsewhere in the child welfare system through initiatives such as the Response and Support Network (RSN) and the Child Specific Caregiver Support (CSCS).

These programs are funded under Child Welfare Treatment Services⁹⁸:

- The RSN provides short-term clinical and non-clinical stabilization services to children, young adults, and resource families, OYA foster homes, DD foster families, and Post Adoption or Guardianship families. Services include parent mentoring, peer support, care coordination, skills training, 24-hour crisis response, and access to intensive mental health supports, and connects families to long-term supports.⁹⁹ These services are available for up to three months. The RSN, which began in March 2021, was piloted in one county and has expanded to three counties.
- The Child Specific Caregiver Support program grew out of the RSN pilot and began in May 2022. The CSCS provides individualized supports to resource parents of children with complex needs and is aimed at equipping caregivers and providing in-home stability to resource families to prevent placement disruptions.⁹⁹ The CSCS pilot is complete, and services are available in multiple counties.

Programs such as the RSN and CSCS allow children, young adults, and their families to access services quickly and in their communities, lessening obstacles to providing the individualized care that they need. These programs also support placement stability and reduce the trauma associated with new placements. During the pilot of the CSCS program, which ran from May 2022 through September 2023, 69 percent of children served remained in their placement. Contractors involved in the pilot noted multiple successes, including but not limited to helping children achieve permanence and preventing placement disruptions.¹⁰⁰

The service array offered by CW must serve the needs of children in care, which includes meeting the needs of special populations like young adults and those who identify as part

⁹⁸ Deposition of Sara Beth Fox, September 21, 2023.

⁹⁹ Maple Star: <https://www.maplestaror.org/community-services>

¹⁰⁰ Child Specific Caregiver Supports Pilot Final Combined Data Report. (May 1, 2022 – Sept 30, 2023). (p. 12)



of the LGBTQIA2S+ community. In the United States in 2021, over 30 percent of children and young adults in substitute care were 13 or older¹⁰¹ and, based on national research, about a third identify as LGBTQIA2S+.¹⁰² Understanding issues of sexual orientation, gender identity, and gender expression is fundamental to meeting the needs of youth in care.

Many youth services are delivered via the Independent Living Program (ILP), which provides services to help youth aged 14 and older transition from foster care into independent adulthood. Since 2016, CW has built a tiered approach to the ILP model, allowing trauma-informed, age-appropriate, and developmentally appropriate services to be delivered to young adults. Additionally, CW is now working with Basic Rights Oregon to ensure there are safe and affirming homes for transgender children in foster care through the Foster Homes of Healing coalition.¹⁰³

4.9 CW made consistent progress to improve case planning processes

Finding: Since 2016, CW has improved completion of case plans as well as including families and tribes in the process. CW has implemented tools such as quality assurance (QA), continuous quality improvement (CQI), and the Family Report to focus on inclusive case planning.

Table 11. Key Themes

Key Theme	Description
Case Plan Completion	Quantitative data show that CW has significantly improved case plan completion, partly due to process improvements in quality assurance and continuous quality improvement.

¹⁰¹ Annie E. Casey KIDS COUNT Data Center: <https://datacenter.kidscount.org/data/tables/101-child-population-by-age-group?loc=1&loct=1#detailed/1/any/false/2048,574,1729,37,871,870,573,869,36,868/62,63,64,6,4693/419,420>

¹⁰² US Department of Health and Human Services Administration on Children, Youth, and Families. (March 2, 2022). ACYF-CB-IM-22-01 (<https://www.acf.hhs.gov/sites/default/files/documents/cb/im2201.pdf>), citing Cooper, K., Katsinas, A., Nezhad, S., & Wilson, B. (2014, August). Sexual and gender minority youth in foster care: Assessing disproportionality and disparities in Los Angeles, p. 37. Retrieved from <http://williamsinstitute.law.ucla.edu/research/safe-schools-and-youth/lafys-aug-2014/>

¹⁰³ Basic Rights Oregon, Transgender Justice. <https://www.basicrights.org/transgender-justice>



Inclusion in Case Planning

Quantitative data show an increase in family engagement in case planning, partly due to improvements in quality assurance, continuous quality improvement, and the implementation of the Family Report and the Family Engagement Meeting.

4.9.1 Case Plan Completion: Summary of Key Theme

Finding: Since 2016, CW has exceeded their Program Improvement Plan goal for completion of case plans, partially due to QA and CQI efforts and the introduction of the new Family Report. Staff receive training on case planning according to their role.

Each child or young adult in substitute care must have a case plan to direct the permanency plan and goals for the child and family. Case plans must be developed with the child or young adult and their family and must include a rationale for how the case plan goals will help achieve a safe placement in the least restrictive and most family-like setting, and outline services provided to prevent the child's removal from their family.¹⁰⁴ In Oregon, the case plan includes an assessment of the family's protective capacities, outcomes and priorities for necessary changes to provide safety, strategies to use with the family to create a safe environment, services to ensure safety and well-being, and progress toward outcomes.¹⁰⁵ Oregon Administrative Rule requires that a case plan include subsidiary plans, including the ongoing safety plan, permanency plan, and concurrent plan.¹⁰⁶ For more information on permanency plans, please see Section 4.6.

CW has improved completion of case plans for children and young adults, and case plans have been completed with their parents.¹⁰⁷ As of June 2022, 87 percent of cases have a completed case plan, which is an increase from 60 percent in December 2021.¹⁰⁷ These improvements are due at least in part to ongoing CQI and QA efforts, described in Section 4.4; the use of the CANS for case planning, as outlined in Section 4.6; and the new Family Report where caseworkers must engage the family to describe how the child's social, emotional, and cultural needs have been met. Local offices receive recognition for

¹⁰⁴ Child Welfare Information Gateway. (April 2018). Case Planning for Families Involved with Child Welfare Agencies. <https://www.childwelfare.gov/pubPDFs/caseplanning.pdf>

¹⁰⁵ Oregon Department of Human Services Child Welfare Procedure Manual. (Rev. 10/4/2021), (pp. 423–424).

¹⁰⁶ OAR 413–040–0005 to 0032. (Updated 7/1/2022). http://www.dhs.state.or.us/policy/childwelfare/manual_1/division_40.pdf

¹⁰⁷ Oregon Department of Human Services Child Welfare Division. Annual Progress and Services Report 2023. (June 30,2022). <https://www.oregon.gov/dhs/children/Pages/data-publications.aspx>



improving their case planning completion, and these efforts are outlined in their Family Engagement Plans.

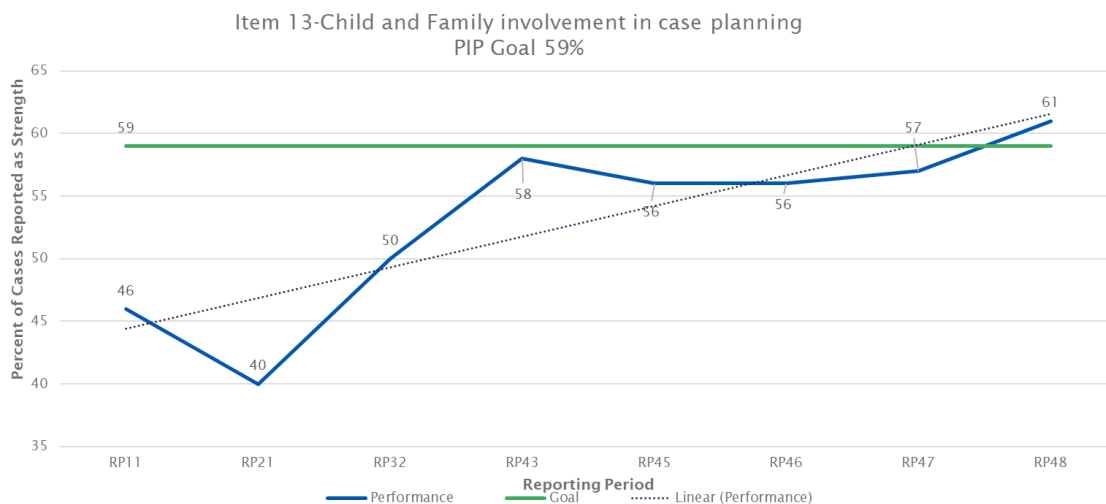
Survey results showed that more than half of supervisors feel staff receive training and coaching on best practices in case planning. One interviewee indicated there is specific training on permanency planning related to safety plans for reunification. They also shared that adoption and guardianship program staff receive different training related to case planning.

4.9.2 Inclusion in Case Planning: Summary of Key Theme

Finding: Since 2016, CW has increased inclusion of families and tribes in case planning. Data show an increase in family engagement in case planning and can attribute the improvements to quality assurance, continuous quality improvement, and the implementation of the Family Report and the Family Engagement Meeting.

Family inclusion in case planning has improved during the Program Improvement Plan (PIP) Reporting Periods shown in the figure below. CW is exceeding its PIP goal that 59 percent of the cases are reported as strengths, which is a significant improvement throughout the Reporting Periods 11–48, which run from January 2018 – January 2022.¹⁰⁷

Figure 15. Performance on CFSR Item 13



The APSR attributes this improvement to implementing the Family Report over the last two years. The Family Report was created to engage families and gathers information about how the family was involved in case planning. The QA on the use of this report shows improvement since implementation. In addition to the QA reviews, interviews conducted as part of CW's CQI process indicate that families felt heard, respected, and involved in planning Family Engagement Meetings. CW has made significant improvement in the



completion of Family Reports, going from 12 percent timely completion in 2020 to 60 percent in December 2021.¹⁰¹

As discussed in Section 4.6, CW has improved the guidance provided to caseworkers since 2016 regarding engaging families in creating permanency plans, which are part of the overall case plan.

CW is also improving outreach to tribes as part of the case planning process, according to focus group participants. Participants noted that child welfare staff attempt to engage the applicable tribe but do not always receive the requested response. One focus group also noted that there is a genuine effort to engage tribes, but that tribes are often understaffed and may have limited resources, which can cause difficulties in engagement or coordination with CW. Another focus group participant commented they traveled across Oregon with a CPS unit, and they observed local offices collaborating and involving tribes as early as possible and developing systems in offices for early notice and partnership with tribes when responding to CPS assessments and supporting families. Another focus group participant noted that tribal involvement was an area in which child welfare was improving. The participant noted that leadership had put a good amount of focus on bringing relationships with the Tribal Affairs Office to the forefront.

4.10 CW made significant progress in preserving and improving connections between children in substitute care and their families and communities

Finding: Since 2016, Oregon has made significant progress in this area, framed by the Vision for Transformation and multiple new efforts to connect children to their families and communities. The Vision for Transformation underscores the importance of these connections by stating, “[w]e all know that infants, children, adolescents, and young adults do best growing up in a family that can provide love, support, life-long learning, shared values, and important memories.”¹⁰⁸

¹⁰⁸ Oregon Child Welfare Division Vision for Transformation:
<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/de2445.pdf>



4.10.1 Key Themes

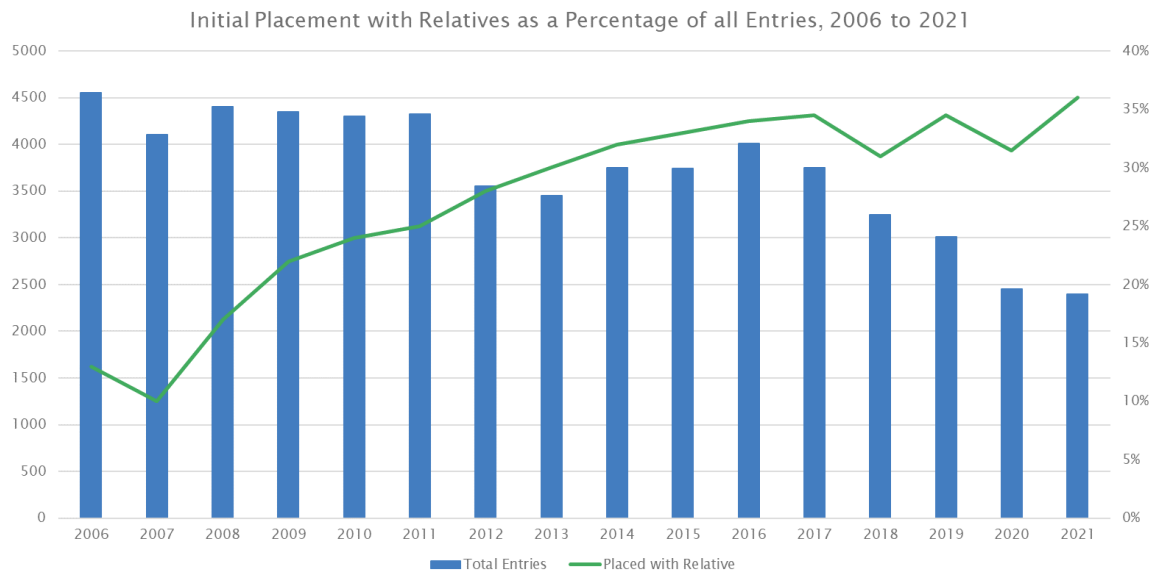
Table 12. Key Themes

Key Theme	Description
Family Interaction	Oregon's policy emphasizes the importance of family interaction and requires the ongoing support of families in building parenting skills. Caseworkers make significant efforts to facilitate family interaction while facing typical challenges with transportation, locations, and COVID-19 restrictions.
Relative Placements	Oregon prioritizes placement with and support for relatives, as shown by creating a kinship navigator program, policy language, and data demonstrating the increase in the use of relative placements over the past several years.
Sibling Connections	Oregon consistently demonstrates the importance of sibling connections through the involvement of siblings in planning for children's outcomes and creating a Sibling Bill of Rights in 2017 for children in substitute care. Quantitative data also illustrates the prioritization of placement with siblings.
Community Connections	The Vision for Transformation outlines the belief that ODHS believes that "communities often already have the wisdom and assets to provide safe, stable and healthy lives for their children," ¹⁰⁹ and ODHS actively seeks out the voices of lived experience when drafting new initiatives and concepts.

4.10.2 Quantitative Evidence of Improvement

There is quantitative evidence of improvement in three areas: family interaction, relative placement, and sibling connections. For children who must be placed in substitute care, relatives offer the best opportunity for maintaining family and cultural continuity. Initial placement with a relative reduces moves and increases connections. More than a third of entries into substitute care result in initial relative placement, up almost five percentage points from 2016 to 2021.

¹⁰⁹ Oregon Child Welfare Division Vision for Transformation:
<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/de2445.pdf>

**Figure 16. Initial Relative Placement**

The Federal CFRS process focuses extensively on maintaining connections and measuring conformity with multiple outcomes. Permanency Outcome 2 is centered on the continuity of family relationships and preserving connections and includes five items: placement with siblings (Item 7); visitation between parents, children, and siblings (Item 8); preserving connections (Item 9); relative placement (Item 10); and relationship with parents (Item 11). No state, including Oregon, achieved substantial conformity with Permanency Outcome 2 between 2015–2018; however, Oregon achieved better than the national averages, as shown in Table 13, below.

Table 13. 2016 CFRS Permanency 2 Outcomes

CFRS Item	Oregon Performance % Strength	National Performance % Strength	National Standard	Improvement Since 2016
Item 7: Placement with siblings	89%	81%	95%	More siblings placed together from 2016–2021.
Item 8: Visitation between parents, children, and siblings	82%	62%	95%	Reunification within 12 months has improved, and reentry to foster care has decreased between 2016 and 2021.



CFSR Item	Oregon Performanc e % Strength	National Performanc e % Strength	National Standard	Improvement Since 2016
Item 9: Preserving connections	88%	67%	95%	Out-of-home care placements have decreased between 2016–2021, keeping more children safely in their homes.
Item 10: Relative placement	77%	70%	95%	Initial placements with relatives have increased between 2016 and 2021.
Item 11: Relationship with parents	79%	58%	95%	Reunification within 12 months has improved, and reentry to foster care has decreased between 2016 and 2021.

There is, however, a disconnect between the quantitative data and the perception of the state's progress among child welfare staff. The survey results (shown in more detail in Appendix D) show mixed results in maintaining connections. This may be partially due to a lag in changing perceptions despite improved quantitative data. While child welfare staff were aligned in prioritizing relative placements, with 70 percent noting that this prioritization always occurs, fewer saw consistent efforts to facilitate sibling visits, with 46 percent stating this always happens and 52 percent saying it only happens sometimes. Only 17 percent of staff who responded felt that child welfare always diligently searched for resource parents that matched the child's race or ethnicity. The same percentage felt that providers who could care for LGBTQIA2S+ children and young adults were consistently and adequately recruited. Although the quantitative data show annual improvements, it takes more time for individual perceptions and staff to understand the changing data.

4.10.3 Family Interaction: Summary of Key Theme

Finding: Oregon has enacted many of the recommended best practices for family interaction and provides support to children and their families to maintain connections while children are in substitute care. Family interaction does not hinge on behavioral compliance and is not used as a reward; it is seen as a fundamental right for children and



their families. The policy requires that resource parents actively support familial connections; and caregivers' certification depends, in part, on whether they consistently provide this support. ODHS caseworkers perceive differences in how policies are enacted across the state. The continued implementation and focus on the tenets of the Vision for Transformation will increase the application of family interaction policies statewide.

Child welfare best practice states that children spending time with their families is essential for healthy development and helps maintain attachment between children and their parents, reduce feelings of abandonment, and sustain a sense of belonging. When children spend time with their families, they can also strengthen cultural connections.¹¹⁰ Research shows that families who spend more time together have a greater possibility of timely reunification, and those connections may also decrease children's mental health issues and behavioral concerns.^{111,112}

A 2020 Casey Family Programs Strategy Brief¹¹³ provides the following best practices regarding family time. The table below outlines how ODHS's case practice aligns with best practices, including what changes have been enacted since 2016.

Table 14. Best Practices Related to Ensuring Adequate Family Time

Best Practice	2016 Oregon Practice	2022 Oregon Practice
Family time is a right, not a privilege. Family time is a fundamental right for children and should not be used as a bonus or reward.	<ul style="list-style-type: none">• Meets best practice	<ul style="list-style-type: none">• Exceeds best practice, the administrative rule was updated in July 2022, stating that children have this right to time with their families.
Focus of family time. Children should be able to spend time building connection with their parents, siblings, and extended	<ul style="list-style-type: none">• Meets best practice	<ul style="list-style-type: none">• Meets best practice but uses some outdated language describing "visits"

¹¹⁰ Casey Family Programs. (June 11, 2020). *How can frequent, quality family time promote relationships and permanency?* <https://www.casey.org/family-time/>

¹¹¹ McWey, L. M., Acock, A., & Porter, B. E. (2010). The impact of continued contact with biological parents upon the mental health of children in foster care. *Children and Youth Services Review*, 32(10), 1338–1345.

¹¹² Cantos, A. L., Gries, L. T., & Slis, V. (1997). Behavioral correlates of parental visiting during family foster care. *Child welfare*, 76(2), 309.

¹¹³ Casey Family Programs: <https://www.casey.org/family-time/>



Best Practice	2016 Oregon Practice	2022 Oregon Practice
family, and not be focused on “visitation.”		rather than “family time.”
Frequency of family time, Typically, the goal is to increase the number and duration of family time to prepare for reunification. Research shows that regular, meaningful family time enhances outcomes for children and families, including timely reunification. ¹¹⁴ Family time should occur within 24–48 hours of removal and should occur as often as possible.	<ul style="list-style-type: none">• Meets best practice	<ul style="list-style-type: none">• Exceeds best practice, noting that “frequent contact promotes timely reunification and is good for the parents and the child.”¹¹⁵
Involving the appropriate people. Family time has evolved from supervised visits to quality time that promotes connections and includes many members of a child’s extended family and community members.	<ul style="list-style-type: none">• Meets best practice	<ul style="list-style-type: none">• Continues to meet best practice
Caregiver involvement. Resource parents can help children prepare for and transition back to their homes following family time. Caregivers can provide transportation and, if appropriate, can offer coaching or support to the child’s parents.	<ul style="list-style-type: none">• Exceeds best practice by educating resource parents on reactions children may have to family time, benefits to family time, and prioritizing time with siblings.	<ul style="list-style-type: none">• Continues to exceed best practice

The Vision for Transformation reflects significant improvement around family connections. The initial guiding principle of the Vision for Transformation is “supporting families and promoting prevention,” which is focused on building programs and services that are

¹¹⁴ ACYF–CB–IM–20–02: <https://www.acf.hhs.gov/sites/default/files/documents/cb/im2002.pdf>

¹¹⁵ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 433).



focused on engaging families, equity, safety, well-being, and prevention.¹¹⁶ The prioritization of supporting families illustrates the leadership's commitment to these familial connections for all children. This prioritization is reflected in the strengthened guidance around scheduling and supporting family time, including determining the amount of supervision needed and incorporating technology and virtual visits when needed.

While the policy language has not changed since 2016, leadership is providing caseworkers with additional supports and guidance to meet the parents' identified needs, bolster familial connections, promote reunification, and encourage success. These policies include requirements for: parenting time to maintain, strengthen, or develop attachment between children and parents, considering the child's best interests when making placement decisions, and the development and updating of a Visit and Contact Plan to direct family interaction and ensure it is meeting the child's needs. Oregon is one of only a handful of states that incorporates emotional ties between children, their families, and caregivers into rule and procedure for the best interest determination. The requirement to create and update the Visit and Contact Plan ensures that the information is current, reflective of the family's needs and strengths, and appropriate for the case plan goals.

Additional requirements, established in 2017, include caseworkers attending three weeks of initial Essential Elements training within 60 days of their hire and before carrying child welfare cases. This training includes a module on the principles of engagement and partnership,¹¹⁷ and this portion of the training demonstrates the importance of family engagement, sharing power, and how the principles of partnership support trauma-informed and culturally responsive practice. This module allows caseworkers to examine their own beliefs, values, and biases; and to use those to inform their practice with families. Participants learn to identify tools and techniques they can use to engage families and recognize community resources.

Despite the prioritization of family interaction and support and the policy requirements, some caseworkers and supervisors shared in focus groups that CW does not consistently provide sufficient and quality interactions between children and their parents due to transportation, visit settings, and time constraints. CW is making progress in mitigating these barriers by partnering with community organizations to provide transportation, creating welcoming visitation rooms, and attempting to schedule family time outside of school and work hours. Marion County is working with the Children's Public Private Partnership (CP3) to pilot a volunteer driver program to increase family interaction

¹¹⁶ Oregon Department of Human Services. (2020). *Child Welfare Division Vision for Transformation*. <https://www.oregon.gov/odhs/child-welfare-transformation/Pages/principle-1.aspx>

¹¹⁷ Essential Elements of Child Welfare Practice: Principles of Engagement and Partnership & Parent Panel. <https://drive.google.com/file/d/13GEWfgiAGmUlyHy5yUYI73y3I3Jmomw1/view>



frequency and expedite reunification in 2022.¹¹⁸ Many local branches have redecorated their visitation rooms. CW has an ADA Coordinator who has begun working with branches to create a room designed for individuals and families with sensory concerns. For those districts without updated visitation rooms, many are in the process of creating more welcoming spaces for families. CW has removed cameras from visit rooms, and the leadership continually encourages local teams to consider why family interaction needs to be supervised.

4.10.4 Relative Placement: Summary of Key Theme

Finding: Since 2016, ODHS has focused on one of the most powerful methods for maintaining connections with a child's family and culture by increasing the use of kinship care, now having one of the higher rates of kinship care across the country. CW workers continually search for relatives when children are not placed with relatives. In 2020, Oregon implemented a kinship navigator program to support relative providers and connect them with necessary and appropriate services to assist in caring for children. The voice of lived experience heavily influences Oregon's development of this program and relates strongly to the Vision for Transformation's prioritization of family connections and permanence for children.

Kinship care and relative connections are crucial for children in foster care to maintain connections with their extended family and their culture and traditions. Since 2016, Oregon has prioritized kinship care and now has one of the highest rates in the country.

Oregon has prioritized family connections in multiple ways through the Vision for Transformation, including the expectation that children and young adults will be "in the care of family, friends, and neighbors whenever possible." It will "help children keep connections to their cultures, communities, and Oregon Tribal Nations." The initial guiding principle of the Vision for Transformation focuses on strengthening and preserving connections to family, culture, and community and prioritizing permanence.¹¹⁹

The consistent use of kinship care begins with leadership prioritization of relative placements, including reframing the expectations for caseworkers when making initial and subsequent placement decisions.¹²⁰ The high priority of using kinship care is reinforced by

¹¹⁸ Children's Public Private Partnership (CP3). <https://www.cp3oregon.org/programs>

¹¹⁹ Oregon Department of Human Services. (2020). *Child Welfare Division Vision for Transformation*. <https://www.oregon.gov/dhs/CHILDREN/CWTransformation/Pages/index.aspx#principles>

¹²⁰

Casey Family Programs. (August 2018). Jurisdictional Scan: Strong Families. https://caseyfamilypro-wpengine.netdna-ssl.com/media/SF_First-placement-family-placement-1.pdf



the survey results, where 70 percent of respondents said that child welfare always prioritizes placement with relatives.

One method for supporting kinship placements and providers is through kinship navigator programs. These programs demonstrate to relative caregivers that their support is vital and that the child welfare system honors their willingness to care for their family members. Research shows that kinship navigator programs and services to kinship providers through public benefit programs have reduced the number of child maltreatment reports, substantiations of child maltreatment, substitute care placements, and child fatalities due to maltreatment.¹²¹ Each of these measures have improved since 2017, as reports and substantiations of maltreatment, number of placements, and child fatalities due to maltreatment have all declined since 2017.¹²²

Oregon began the process of creating a Kinship Navigator program in October 2018 and, in Fall 2019, awarded the Greater Oregon Behavioral Health Inc. (GOBHI) a two-year contract to build and operate the Oregon Kinship Navigator, which launched in February 2020.¹²³ A community provider was chosen to manage the kinship navigator program based on feedback ODHS collected from families and family advocates requesting that a non-governmental agency provide the support, outreach, and engagement.¹²⁴

The foundation of the Oregon Kinship Navigator (OKN) is supporting families and promoting prevention, uniting the program to the first guiding principle of Oregon's Vision for Transformation. The OKN is guided by a Kinship Advisory Committee, consisting of kinship caregivers, public and private organizations, and advocates¹²⁵ to ensure that the implementation and oversight of the program are led by those with lived experience and expertise. The OKN includes all kinship families statewide, not just those already involved with the child welfare system, and allows CW to highlight prevention services. Such service provision to families before their involvement with child welfare can contribute to the continued decline of entry into substitute care in Oregon, which has been steadily declining since late 2017.

Even for young adults who cannot be placed with relatives, Oregon ensures that they maintain connections with those relatives. CW policy requires caseworkers to continually consider the inclusion of relatives in case planning, safety planning, placement, and

¹²¹ Puls HT, Hall M, Anderst JD, et al. State Spending on Public Benefit Programs and Child Maltreatment. *Pediatrics*. 2021;148(5):e2021050685.

¹²² 2021 Child Welfare Data Book. <https://www.oregon.gov/dhs/CHILDREN/CHILD-ABUSE/Documents/2021-cw-data-book.pdf>

¹²³ Oregon Kinship Navigator Project: <https://www.oregon.gov/dhs/CHILDREN/Documents/22%20-%20Kinship%20Navigator%20Project%20III.pdf>

¹²⁴ Oregon Annual Progress and Services Report 2022. (June 2021; resubmitted August 2021).

¹²⁵ Oregon Annual Progress and Services Report 2022. (June 2021; resubmitted August 2021).



ongoing support, which includes periodically reviewing CW's diligent efforts to place children with a relative (or person with a caregiver relationship) including asking whether siblings are placed together and, if not, what can be done to place them together and what is being done to maintain contact between siblings. This is important and powerful because while relative connections may not always be resources for placement or permanence, Oregon policy recognizes that children and youth still need continued connections to their families.

4.10.5 Sibling Connections: Summary of Key Theme

Finding: Since 2016, CW has prioritized connections between siblings in substitute care, as shown by quantitative data and practice expectations. The requirement of siblings to be involved with and considered as part of the case plan, case plan review, and decisions as young adults transition out of foster care demonstrates the importance of sibling connections to Oregon child welfare practice. The development of a Sibling Bill of Rights sends a strong message to young adults in substitute care that their relationships with their siblings are fundamental to their positive outcomes.

Sibling relationships can be the longest relationships that children have in their lifetimes and can provide continuity that children involved in the child welfare system may not find elsewhere. Connections to their siblings also serve as a protective factor for children in substitute care, and those connections can improve the child's and their siblings' well-being.¹²⁶ Maintaining regular connections with their family is the most critical factor in supporting a child's attachment to their parents, siblings, and other family members.

Oregon's improvement since 2016 in placing siblings together is reflected in the quantitative data, shown below.

Table 15. Sibling Placement Data

	2016	2017	2018	2019	2020	2021
Percentage of children placed with a sibling	82.9%	82.9%	82.4%	82.2%	83.1%	83.6%
Percentage of children placed	17.1%	17.1%	17.6%	17.8%	16.9%	16.4%

¹²⁶ Child Welfare Information Gateway. (June 2019). Sibling Issues in Foster Care and Adoption. <https://www.childwelfare.gov/pubPDFs/siblingissues.pdf>



2016	2017	2018	2019	2020	2021
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apart from siblings

Oregon is one of only a few states that has codified siblings' rights into law. This is important because prioritizing the placement of siblings together and the connections between siblings sends a message to children, families, and the child welfare workforce that sibling relationships are vital to children's success and maintaining connections. To that end, the Oregon legislature codified the Foster Children's Sibling Bill of Rights in May 2017 (and associated rules were effective January 1, 2018) to give children and young adults in foster care rights designed to protect and strengthen bonds with their siblings. Both Oregon's Foster Children's Bill of Rights and the Sibling Bill of Rights are written into statute. While many states have a bill of rights for young adults in foster care, Oregon is one of only a few states that has taken the step to create this specifically for siblings, and further spotlighted its importance by codifying it into state statute. This Sibling Bill of Rights gives children and youth in substitute care specific requirements their caseworkers must meet and information that children must receive about their siblings.

4.10.6 Community Connections: Summary of Key Theme

Finding: ODHS is committed to building connections within a child's community and to creating and maintaining community resources for children and families. The Vision for Transformation explicitly outlines expectations for keeping children with their families and within their communities; and highlights the voices of community members. ODHS amplifies the voices of those with lived experience through the Parent Advisory Council and is actively developing an updated Tribal Consultation Policy with Oregon Tribal Nations.

Maintaining the connection between children and their communities when they are placed into substitute care can mitigate some of the removal trauma. Facilitating these connections helps build protective factors for children and their families, and those protective factors mitigate risk and promote healthy development and well-being for children, young adults, and their families.¹²⁷

Programs such as the Oregon Kinship Navigator help build protective factors as they engage families, build skills, and identify opportunities for support. In addition to helping families, building protective factors can also help agencies to build capacity and

¹²⁷ Child Welfare Information Gateway. (March 2020). Issue Brief: Protective Factors Approaches in Child Welfare. https://www.childwelfare.gov/pubpdfs/protective_factors.pdf



collaborative partnerships.¹²⁸ This approach has demonstrated success in Oregon with a community agency to operate the kinship navigator and the inclusion of community members in the creation and oversight of the program.

The concept of building protective factors is also very evident in the Vision for Transformation, with the focus on strengthening and preserving connections to family and community by keeping kids home and in their community, when possible, as well as maintaining connections when placed in substitute care and prioritizing permanence. ODHS is also committed to engaging with the community by integrating the voices of children, young adults, parents, families, Tribal Nations, and partners to be more responsive to the needs of families. One way Oregon engages the community is through the Parent Advisory Council (PAC) of Oregon,¹²⁹ which includes parents who have been involved with child welfare, who are in recovery, and who are now community leaders. The culturally diverse Council includes members from six CW districts. The PAC meets monthly with state child welfare leadership and provides feedback to ODHS on new initiatives, concepts, and documents based on their lived experience. Since 2020, the PAC has led training, shared their stories, and answered questions for new resource families throughout Oregon. The PAC allows the voice of lived experience to further permeate the decision-making process at every level of child welfare.

Oregon is committed to collaborating with Tribal Nations to improve outcomes for American Indian and Alaskan Native children in substitute care. American Indian and Alaskan Native children are disproportionately represented in substitute care across the country and collaborating with Tribal Nations will address these outcomes for children and improve relationships between state and Tribal governments. States with strong relationships with Tribal child welfare agencies see improved outcomes for children in child welfare. ODHS is currently co-creating the Tribal Consultation Policy with OHA and the nine federally recognized tribes in Oregon. The goal of a Tribal Consultation Policy is to ensure the inclusion of the Tribes in the development of ODHS policies and programs that impact Tribes; establish communication pathways; and build trust, respect, and shared responsibility. Per Child Welfare Leadership, the ODHS Tribal Consultation Policy is in draft form and will be modeled closely after the Tribal Consultation Policy held by the Oregon Health Authority (OHA). The OHA policy notes that meaningful consultation between tribal

¹²⁸ Oregon Kinship Navigator:

https://oregonkinshipnavigator.org/?gclid=CjwKCAiA1McrBhAoEiwAC2d64Rc0R_MVrfrjHI2lQRu1mU2OpnPoL7BDIsCM5Pt5SJ6W9tzxptw3wBoC7fIQAvD_BwE

¹²⁹ ODHS Community Engagement: <https://www.oregon.gov/dhs/CHILDREN/Pages/community.aspx>



leadership and agency leadership produces “information exchange, mutual understanding, and informed decision-making on behalf of the Tribes and the State.”¹³⁰

4.11 CW made progress during the identified timeframe to improve staffing resources

Finding: Oregon made progress in improving staffing resources during the specified timeframe. CW has expanded the leadership team to prioritize equity, training, and workforce considerations and has started tracking caseload data to manage workloads. Even so, CW has had challenges in providing training for caseworkers and is increasing training and coaching resources.

4.11.1 Key Themes

Table 16. Key Themes

Key Theme	Description
Staff Recruitment and Retention	CW made progress in staff recruitment and retention, with support from the Governor’s Office and modeling from the CW Executive Leadership Team. CW expanded the leadership by creating a Deputy Director position dedicated to equity, training, and workforce to demonstrate a commitment to this value. In the last two years, CW has seen an increase in hiring and decreased staff separations.
Caseload Management	CW made progress in caseload management and now tracks caseloads through an internal dashboard created in 2022. Despite the quantitative data trend, some caseworkers experience their workloads as higher than the quantitative data show. This is likely due to an increase in complex needs in the children and young adults currently in the system.

¹³⁰ Oregon Health Authority Tribal Consultation and Urban Indian Health Program Confer Policy. 3/1/2018. https://www.oregon.gov/oha/documents/Tribal_Consultation_and_UIHP_Confer_Policy.pdf



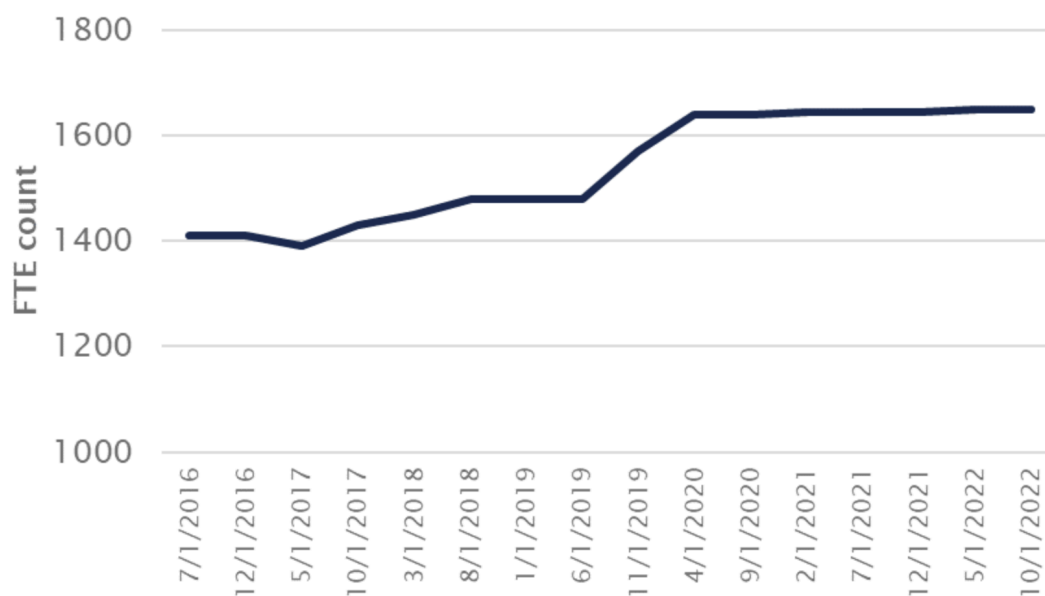
Key Theme	Description
Training and Coaching	CW progressed in training and coaching the workforce but has more room for improvement. CW has recognized that the initial training for caseworkers needs to fully prepare them for working with families and has created additional training pathways for roles and specialties. This addresses new staff training, but it is not ongoing. To address ongoing training, CW is building a coaching model and supporting supervisors in coaching their staff to the CW values.

4.11.2 Staff Recruitment and Retention: Summary of Key Theme

Finding: Since 2016, Oregon has made progress in staff recruitment and retention, with support from the Governor's Office and legislature in the form of approval for several hundred new positions and an oversight board to advise the division. In 2020, CW created the position of Deputy Director for Equity, Training, and Workforce Development and hired Aprille Flint-Gerner to lead this effort. Since January 2021, CW has seen an increase in hiring and decreased staff separations for caseworker positions.

The Oregon Legislature approved funding for 300 new positions during the 2019 legislative session, and in July 2019, CW began a hiring surge. The increase in the number of SSS1 FTE positions from July 2016 to October 2022 is shown in the graphic below.

Figure 17. Number of CW SSS1 FTE





This hiring effort was driven by an executive order in April 2019 establishing an oversight board to address the crisis in Oregon's child welfare system.¹³¹ The Governor's Office convened the Child Welfare Oversight Board to advise CW on the development and administration of child welfare policies, programs, and practices. To support the hiring surge, CW identified a Program Manager and additional employees, including an outside consultant and representatives from other agencies, to create the Child Welfare Recruitment Team. This team drafted a plan to identify candidates, developed application questions, and identified the hiring team.¹³²

According to assessment participants, as part of this hiring effort, statutory requirements were lowered to attract a broader range of potential candidates. CW leadership clarified that the minimum qualifications for hiring were changed in 2018, before the hiring surge in 2019. Current job postings for entry-level social service workers require a bachelor's degree unrelated to human services and either one year of human services-related experience or completion of coursework consistent with Oregon Caseworker Competency or an associate degree with some experience and either two years of human services-related experience or one year of human services-related experience and related training, coursework, or certification consistent with Oregon Caseworker Competency.

As of the second quarter of 2022, CW had 1,143 ORCAH screeners and caseworkers and 20,717 child abuse reports.¹³³ Before centralizing the hotline in 2019, each district and county looked at the total number of staff to determine how many workers would screen on any given day, and there needs to be a mechanism to map those allocations across each county prior to centralization. CW made progress in hiring new caseworkers in 2019 through the hiring surge supported by the legislature, but the COVID-19 pandemic and nationwide Great Resignation likely increased turnover and departures over the past two years. However, turnover within ORCAH decreased between January 2021 and December 2022, and never rose above 8 percent.

CW created a Deputy Director for Equity, Training, and Workforce Development position and hired Aprille Flint-Gerner to fill the role in 2020. She now serves as the Child Welfare Director, but under her leadership as Deputy Director, CW began redesigning the hiring processes to put the right people in the right roles and focusing on equity so CW staff reflect the people they serve. Best practice from other states indicates this will increase the likelihood of people receiving the services they need.

¹³¹ Executive Order No. 19-03: Establishing an Oversight Board to Address the Crisis in Oregon's Child Welfare System. https://www.oregon.gov/gov/eo/eo_19-03.pdf

¹³² Alvarez & Marsal: Foster Care Work Plan Overview. 7/10/2019.

¹³³ Oregon Child Welfare Data Set, ROM Data. <https://oregon.rom.socwel.ku.edu/>



CW is creating a pathway for development, providing learning opportunities, developing transfer of learning opportunities, and supporting middle managers and leaders. Supporting the workforce is a pivotal piece of the Vision for Transformation, as described in Oregon's Child Welfare Caseload Ratio Standards, which were created in 2021. The Standards state that "a supported, skilled, respected, and engaged workforce that reflects and embraces the communities we serve will ensure we have a network of services promoting prevention and well-being for Oregon's children and families."¹³⁴ These Standards are essential as they allow CW to monitor worker caseloads and ensure that the caseload and workload are appropriate and manageable for each caseworker. Having these Standards and these data can help supervisors and leaders ensure that caseworkers can manage their work.

In 2016, CW turnover was 23 percent,¹³⁵ and Oregon generally has a lower turnover than national averages. The national child welfare turnover rates have been between 30–40 percent annually, with an average caseworker tenure of two years.¹³⁶ Additionally, the average tenure of a child welfare director is 18–24 months,¹³⁷ and Ms. Jones Gaston held the Director position for three years.

4.11.3 Caseload Management: Summary of Key Theme

Finding: Since 2016, Oregon has made progress in caseload management, most notably with the creation of the Caseload Ratio Standards. CW now tracks caseloads via an internal dashboard created in 2021. The Governor's Office and CW leadership are providing additional resources to manage caseloads and have prioritized supporting the workforce. Some caseworkers feel that their workloads are higher than the quantitative data show, likely due to an increase in complex needs in the children and young adults in the child welfare system. CW leadership and management review caseloads and workloads weekly to monitor both for caseworkers.

A CW caseworker's caseload determines the amount of time they can spend directly with children, young adults, and families to support them in making progress toward their case plan and permanency goals. CW has caseload standards and now tracks caseloads but does not formally regulate them. In December 2021, CW developed a caseload dashboard for managers to understand staff caseloads better and determine the number of new cases

¹³⁴ ODHS Child Welfare Caseload Ratio Standards. (Revised 1/20/2022).

¹³⁵ Secretary of State Audit (2018): Foster Care in Oregon: Chronic management failures and high caseloads jeopardize the safety of some of the state's most vulnerable children.

¹³⁶ United States General Accounting Office. (March 2003). Child Welfare: HHS Could Play a Greater Role in Helping Child Welfare Agencies Recruit and Retain Staff. <https://www.gao.gov/assets/gao-03-357.pdf>

¹³⁷ Rawlings, Tom. "Leading Child Welfare Systems Past the Worst Tragedies." The Imprint. (August 15, 2019). <https://imprintnews.org/opinion/leading-child-welfare-systems-past-the-worst-tragedies/36979>



staff could effectively serve. This is a significant improvement from 2016, when assessment participants shared that CW did not track caseloads for caseworkers and instead relied on self-reported time studies to estimate workloads. The dashboard was created as part of CW leadership's commitment to improving outcomes for children and families.

The caseworker dashboard pulls real-time data from OR-Kids to quantify the number of assessments, cases, or providers for each caseworker. The dashboard shows the number of assessments, cases, or providers for each caseworker to allow managers to understand their workers' current caseloads better and determine the number of new cases they can effectively carry. The data are updated in real-time and subject to change as the quality of information about staff assignments depends on information being entered timely and accurately within OR-Kids. The dashboard is organized by categories, including caseworker type, district, and county level, and can be filtered by supervisor and worker level to provide data on assigned cases. The goal for the dashboard is to eventually include human resources data, including current staffing, vacancies, rotations, and other hire statuses, to provide additional detail. This is an internal management tool to assist in assignments and work management. Child Welfare leadership will use an internal monthly and quarterly average to inform allocations, needs, and trends.

The Child Welfare League of America (CWLA) historically recommended using caseload standards to help manage caseworker workloads, and child welfare agencies in many states adopted them. CWLA provided recommended standards of 12 to 15 children per caseworker but recommended that child welfare agencies develop their specific caseload standards. However, CWLA reported that workload studies used by child welfare agencies to establish caseload standards do not account for all the variables that affect workload.

According to a 2018 CWLA report, the "field needs to move past establishing blanket caseload standards that do not take into account the complexities of workload." For these reasons, the CWLA reported it is moving away from focusing on numerical caseload standards to outcome-based workload standards and creating a methodology for managing them. This shift is represented in ODHS' Child Welfare Caseload Ratio Standards as well, stating that "an exceptional workforce that is developed and supported at all levels will result in a decrease in vacancies, an increase in retention rates, an increase in longer tenures, increased promotion, manageable caseloads, and higher workforce morale."¹³⁸ The Governor, legislature, and CW are prioritizing workforce capacity and resources.

The table below shows a statewide snapshot of average caseload data for CPS, Permanency, and Certification caseworkers from September 2023¹³⁹. These data were pulled from the

¹³⁸ ODHS Child Welfare Caseload Ratio Standards. (Revised 1/20/2022).

¹³⁹ ODHS Caseload Report Dashboard. (September 30,2023).



dashboard mentioned earlier in this section that CW developed for managers and leaders to understand current caseloads. In September 2023, CW caseloads exceed best practices according to COA standards.¹⁴⁰ These low caseloads demonstrate ODHS' commitment to their own standards and to managing workloads for their staff. While these quantitative data do not demonstrate the complexity of each child, family, or case, the lower caseload numbers allow caseworkers to provide quality support and supervision to each child and family. CW also recognizes that hiring additional safety staff will enable new caseworkers to carry lighter caseloads, as data from Spring 2023 show that new caseworkers carried up to 11 cases, and that their caseload ratios increased with their tenure.¹⁴¹

¹⁴⁰ Council on Accreditation. (2022). Standards for public agencies: <https://coanet.org/standard/pa-cfs/2/>

¹⁴¹ Child Welfare Division: Workforce and Respite Care Presentation. April 18, 2023. <https://olis.oregonlegislature.gov/liz/2023R1/Downloads/CommitteeMeetingDocument/270889>



Table 17. Caseload Information: September 2023

CPS Caseload	
Average Assessments Assigned to Workers	21.9
Permanency Caseload	
Average Children/Young Adults Served Assigned to Workers	10.5
Certification Caseload	
Average Resource Homes Assigned to Workers	14.1

Oregon's Caseload Standards meet, and in some cases are more strict, than the national standards, as shown in the table below. For reference, a worker's caseload (or the number of children or families assigned to an individual worker) is equal to the number of Workers divided by Cases.¹³⁸

Table 18. Oregon Caseload Standards

Oregon Caseload Ratio Standards		2022 Edition of COA Standards for Public Agencies	Meets Best Practice?
Screening	1:561 calls	12 active investigations at a time (Note: COA Standards include recommendations for investigations, not screening)	Unclear based on data shown above. ORCAH policy requires one screening report per hour.
Child Protective Services	1:7 newly assigned assessments	No more than 8 new investigations per month	Yes
Permanency (in-home, substitute care, and adoption)	1:12 children	<ul style="list-style-type: none">• 15–17 families receiving ongoing in-home services• 12–15 children in substitute care (and their families)• 8 children in treatment foster care (and their families)	Yes
Certification	1:21 homes	*Not included in COA Standards	Unclear as there is no national standard



As mentioned earlier in this report, participants noted that CW does not have the option to refuse to provide services and placement resources for all children and families. In some cases, CW serves families with needs that a child welfare system is not traditionally equipped to meet, and the workforce is suffering. Some young adults are a greater danger to their community than their parents are to them, but they get involved with child welfare because, as an agency, CW cannot turn children away.

4.11.4 Training and Coaching: Summary of Key Theme

Finding: Since 2016, Oregon has made some progress in building a coaching model and providing coaching to staff. CW recognized that the current initial training for caseworkers needs to fully prepare them for working with families and requires improvement. CW has initiated revisions to the Essential Elements training and have created additional training pathways for roles and specialties. CW is building a coaching model and supporting supervisors in coaching their staff to the CW values.

The child welfare workforce depends on training at various levels of their careers to stay current on state and local law, agency policy, best practices, and expectations for their work with children, young adults, and families. Child welfare agencies provide initial training to their workforce and ongoing training, depending on their specialty within child welfare.

To address ongoing professional development, CW has received approval to build a coaching infrastructure, which includes a 30-person training team to support the continued development and delivery of curriculum and training and focus on coaching and leadership. CW is adopting an adaptive leadership supervision model with a coaching and reflective supervision foundation. Supervisors will be taught to ask good questions when meeting with caseworkers and are taught prevention plan-building skills associated with appreciative inquiry and motivational interviewing.

CW uses an apprentice or coaching model for continued learning. This model recognizes the expertise of supervisors and managers and expects them to provide ongoing training and support to their staff. Some assessment participants report they would like CW to move to a more formal apprentice system where new workers are trainees for their first six months, then provide on-the-job coaching for their first few cases before they take on a full caseload. They requested that CW invest more in on-the-job training over classroom training to prepare caseworkers for the job adequately. As CW continues to implement an adaptive leadership model and supports supervisors and managers as they coach their staff, caseworkers will likely gain confidence and experience while getting to begin working with children, young adults, and families and receive on-the-job training simultaneously.



Assessment participants shared that CW has work to do to ensure that the transfer of learning has happened and that values are embedded throughout the workforce. They stated that they need to get supervisors coaching on those values to entrench them in the caseworkers' practice and build caseworkers up as an integral part of the workforce. This embedding of CW values will also logically increase as the adaptive leadership coaching model is more prominent across the state.

As stated earlier, CW implemented the Essential Elements training in 2017 to provide caseworkers with three weeks of initial training and two weeks of follow-up training and resources. CW leadership reports that staff are adequately trained through this curriculum. They say that Essential Elements includes training to determine what individual children or families need, and when they see other needs, they infuse more training. Leadership is working to make sure caseworkers have a defined skillset. It will then introduce more training to help move workers along a continuum from introductory to mid-career to advanced through the additional training pathways mentioned previously in this section.

However, some caseworkers disagree and shared in focus groups that new caseworkers must be prepared to work with families. They noted that new caseworkers are often very clinical or rote and lack the smooth communication, people, and critical thinking skills to adapt to working with families, as it takes time to practice and master these skills. Central Office staff agreed and were concerned that Essential Elements does not completely prepare workers to engage with families. Participants state that the curriculum needs to be more comprehensive to prepare caseworkers for their first case focusing on permanency and more content regarding safety practices. As mentioned throughout this report, the implementation of new initiatives and practices takes time, and the adaptive leadership model is in progress. While some members of the CW workforce are understandably concerned about the existing state of training and coaching, this new model will positively impact the preparedness of caseworkers moving forward.

CW is revising the Essential Elements process to respond to the needs of their staff. These revisions for preparing caseworkers include:¹⁴²

- An on-ramp process that begins after completing the 15-day Essential Elements course. During this, workers are introduced to their Coaching and Training Specialist, who provides direct field support, tutoring, group learning sessions, and individual guidance.
- A reduced caseload for the first month following completion of Essential Elements in which the new caseworker is only assigned one case per week. Supervisors can

¹⁴² Deposition of Kim Aaron Lorz. September 12, 2023.



assess the caseload after this first month to determine whether the caseworker is prepared for additional case assignments.

- Six months of on-the-job training, including the on-ramp process and completion of the remaining Essential Elements courses regarding well-being, trauma-informed practices, family conditions, and court preparation. During these six months, caseworkers receive support from their Coaching and Training Specialist and direct supervision from their casework supervisor.
- A supervisory assessment following the on-ramp and completion of the additional courses to determine whether the caseworker needs additional support or training.

CW is also developing a training academy and will pilot it in 2024 to provide additional support to new caseworkers.

Caseworkers have additional training requirements based on their tenure and their role. More information on these requirements and curricula can be found in the appendix.

CW logs the completion of initial and ongoing training for caseworkers in WorkDay Learn, which began in 2021. CW managers can pull a report that shows which workers attended a specific training, and CW is working to provide more reports to managers. Portland State University (PSU) can also track ongoing caseworker training. The PSU reports can be uploaded into WorkDay to consolidate training information, making it simpler for managers to track completion. CW is adding new components to WorkDay each year to build the training infrastructure and manage talent throughout the division.

If called as a witness, I would offer testimony as to the matters set forth in this report. The report contains complete statements of my opinions in this case and the basis and reasons for those opinions. The conclusions are reached with a reasonable degree of professional certainty.

Stacey Moss
President, Public Knowledge®



Appendix A: Supplemental Evidence

This appendix contains additional context to support the findings listed in Section 4.

1 Child Safety

1.1 Implementation of 2016 Recommendations

Redesigning the Process of Responding to Allegations of Abuse in Care

CW implemented changes in responding to allegations of abuse in care required by the passage of Senate Bill (SB) 155 in 2019, which addressed the increase in child abuse assessments and investigations¹⁴³. SB 155 also divided responsibilities for assessing and investigating reports of child abuse between CW and the Office of Training, Investigations, and Safety (OTIS).

Table 19. SB 155 Child Abuse Assessment Responsibility Changes

Child Welfare will assess reports of child abuse involving:	Office of Training, Investigations, and Safety (OTIS) will investigate reports of child abuse involving:
Familial alleged perpetrators	Child Caring Agencies (CCAs)
CW certified resource families	Childcare providers
Minors as alleged perpetrators	Office of Developmental Disabilities Services group or foster homes
Commercial Sexual Exploitation of Children	Oregon Youth Authority foster homes
Third party intimate partner alleged perpetrators	School or educational providers
Third party relative alleged perpetrators	Other third-party alleged perpetrators

¹⁴³ ORS 419B.020 and 419B.026.



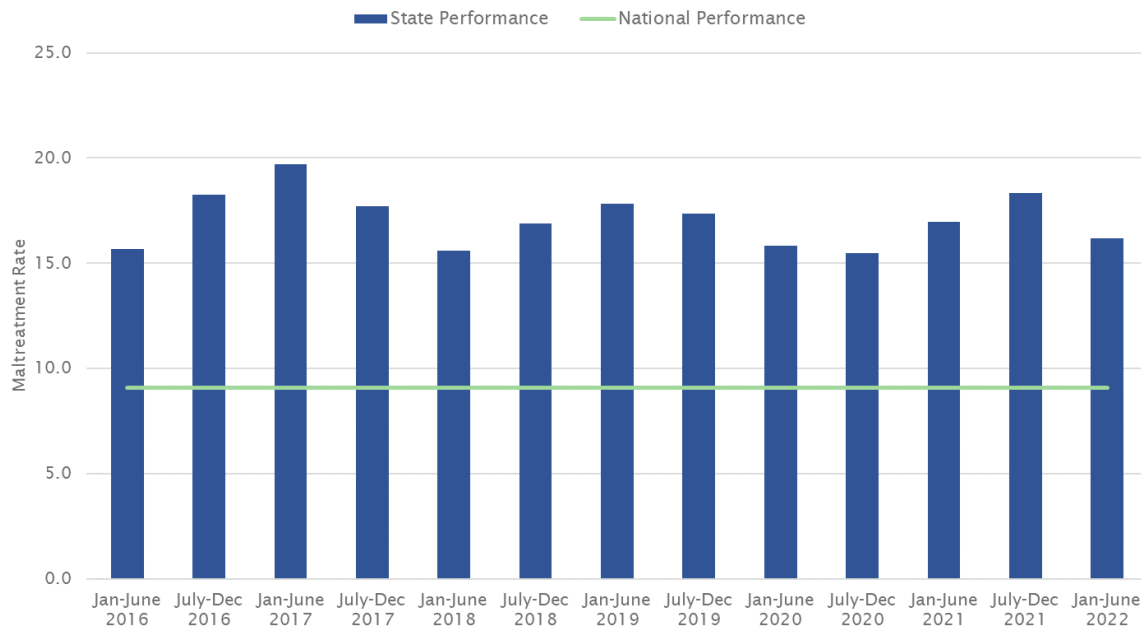
The Planning Council for Health and Human Services, May 2009 “Child Safety in Foster Care” publication outlines best and evidence-based practices that enhance safety for children in foster care, listed in the table, below.¹⁴⁴

Table 20. Best Practices Related to Enhanced Safety of Children in Foster Care

Best Practice	2016 Oregon Practice	2022 Oregon Practice
Efforts to prevent maltreatment by a foster parent begin with a screening and assessment process (including screening and assessment tools)	Unknown	Meets best practice.
Develop ongoing targeted recruitment and retention campaigns to meet the needs of the population of children in foster care	Did not meet best practice	Meets best practice: See Section 4.4.
Foster parents must have the necessary training to meet the challenges that arise when caring for foster children, including specialized training for kinship providers	Unknown	Nearly meets best practice: See Section 4.4.
To ensure a child’s safety in a foster care setting, parents, caregivers, agencies, and providers must understand a child’s healthcare needs, as well as the services and supports required to meet those needs	Met best practice	Meets best practice: See Section 4.7.
Workforce issues, including training and retention, are essential aspects of preventing maltreatment in foster care. Caseworkers must have realistic workloads to have time to make required visits to children in foster care.	Did not meet best practice	Meets best practice: See Section 4.11.

From July 2015 to June 2017, the rate of maltreatment in care rose from 14.8 to 19.7 victimizations per 100,000 days in foster care. The national threshold is 9.67, and in Oregon since June 2017, the rate has fluctuated, however it has decreased to 17.7 in July 2022, as shown in the figure below.

¹⁴⁴ Best and Evidence-Based Practices that Enhance Safety of Children in Foster Care. (May 2009). https://ncwwi.org/files/Evidence_Based_and_Trauma-Informed_Practice/Best_Evidence-Based_Practices_that_Enhance_Safety.pdf

Figure 18. Change in Maltreatment in Care from 2015 to 2021¹⁴⁵

1.2 Implementation of the Oregon Child Abuse Hotline (ORCAH)

Centralized Intake

Intake systems can be centralized or decentralized. Reports received at either local or regional offices are decentralized, while centralized systems receive reports at one centralized location.

Correct screening decisions may provide much needed assistance to families in need and can assist child welfare agencies working with families in impacting safety, permanency, and well-being for children and young adults in need. Incorrect screening decisions lead to unnecessary invasion of families' rights, burdening an overworked child welfare workforce, and losing opportunities to help children and families in critical need.

The centralized Oregon Child Abuse Hotline (ORCAH) was launched on April 4, 2019, to provide the state with constant access in reporting child abuse and provide consistency in how reports are screened.

Oregon's vision for Centralized Intake is to "engage our communities, including mandatory reporters, and respond to reports of child abuse in a transparent way. Our vision is to do

¹⁴⁵ Results Oriented Management (ROM) Data Site, Oregon Department of Human Services, Report SA.01, 6/27/2022. <https://oregon.rom.socwel.ku.edu/reports/100>



so while ensuring our children and youth, in their own communities, are safe.” Oregon’s mission for ORCAH “is to receive reports of child abuse and provide excellent customer service with equitable and consistent decision-making to ensure safety for Oregon’s Children.”

The 2022 Procedure Manual includes information about the screening process for information received at the hotline, including how the screener should engage the reporter, building rapport with the reporter, information about being trauma informed while engaging reporters, interviewing and questioning techniques (including asking open versus closed ended questions, paraphrasing, giving verbal cues, reflective listening, exploration, affirming, and other techniques), the stages of the interview (introduction, exploration, and close), and screening decision-making.¹⁴⁶ The 2022 Procedure Manual provides instruction on how to conduct a child welfare history review, make the screening decision, assign response times, close cases at screening (if appropriate), and document the report.¹⁴⁷ ORCAH offers an Oregon Child Abuse Hotline Screening Training Academy for new screeners before taking calls. The Training Academy trains on topics including:

- Customer Service and Engagement
- Types of Callers and Exploring Mandatory Reporting
- Definitions of Abuse and Types of Screening
- Interviewing and Information Collection
- History Review and Safety Plans
- Screening Decision-Making and Restricted Cases
- OTIS Reports
- Trauma Informed Screening
- Assigning a Report
- Notifications
- Documentation
- CARES
- Indian Child Welfare Act for Screeners
- ORCAH Continuous Quality Assurance
- OpenScape
- ODG/OR-Kids and Technical Training

¹⁴⁶ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/1/2022, (pp. 105–119).

¹⁴⁷ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/1/2022, (pp. 119–143).



- Ecourt

Not included in the 2016 Procedure manual, the 2022 Procedure Manual contains a new section for screeners with information on how to handle reports for six different types of calls including:

- Potential reports of abuse
- Requests for assistance from Child Welfare that fall under Family Support Services
- Notifications to Child Welfare
- Information involving a setting screened and investigated by OTIS
- Information involving an open CPS assessment, open Child Welfare case or a Child Welfare certified resource home
- Requests for other types of community resource information or referrals

The Procedure Manual outlines the process for using the Structured Decision Making tool to determine the screening decision, which workers use along with the ORCAH Document Guide.¹⁴⁸

There are mentions throughout the 2021 Procedure Manual that services provided to families should be of sufficient quality, however, there does not appear to be a procedure in policy to instruct staff how to indicate or rectify poor service quality.

Child Welfare has a few policies in place to guide staff on how to make decisions based on data. These policies seem to primarily concern both the Oregon Child Abuse Hotline and the use of the Child and Adolescent Needs and Strengths (CANS) tool.

ORCAH Implementation

Screeners expressed implementation challenges and adjustments for ORCAH including the following listed in the table, below.

Table 21. ORCAH Implementation Challenges and Adjustments

Implementation Challenges	Implementation Adjustments
Screeners shared with ORCAH managers the difficulties in completing quality intake reports in timeframes required by CW (such as completing eight reports for an eight-hour shift) and complete pending cases work is challenging (including cases that	CW adjusted timeframes to complete intake reports and numbers of intake reports required to be completed during a shift needs to be flexible and responsive to call volume, call wait times, and call abandonment rates.

¹⁴⁸ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 8/23/2023, (p. 123).



Table 21. ORCAH Implementation Challenges and Adjustments

Implementation Challenges	Implementation Adjustments
have not yet completed the entire intake process, such as all required screenings, background checks, and other requirements for completing an intake before making a screening decision).	
Screeners noted inconsistent decisions of supervisors and program managers on reports of child maltreatment with similar issues.	CW is conducting ongoing quality assurance reviews, training, and coaching for supervisors and program managers to assist in improvements in consistency of decision-making. COVID-19 impacted ORCAH by shifting staff from in-person to virtual within a very short timeframe (a matter of a few days). Decision-making that normally would have occurred in person had to shift to virtual. ORCAH implemented SDM® tools for screeners, supervisors, and program managers to further assist in consistency of decision-making at intake.
Screeners noted communication between shifts is difficult	CW implemented new communication protocols are in place to assist with communication between shifts.
Screeners note tools for screening reports change frequently	ORCAH is in a constant state of continuous quality improvement. ORCAH uses data driven decision-making to adjust and make improvements to change. SDM® Screening and Response Time Assessment implemented in 2022.
Screeners report the structure of the job changes frequently, as the protected time to finish reports is no longer in place, post-call processing time allotment changes frequently, and time for meetings and training is no longer in place	CW notes the structure of job changes to mirror call volume ebbs and flows. High call volume means job structure has to change so calls can be answered.



Table 21. ORCAH Implementation Challenges and Adjustments

Implementation Challenges	Implementation Adjustments
Screeners state the technology for taking the calls changes frequently	Technology updates happen frequently for hardware and software for systems. It is important to update technology to improve system bugs and failures.
Staff note that answering calls of reports of child maltreatment quickly does not equate to reports of those calls and information being sent to districts and counties quickly. Wait times may be down for callers but screenings, documentation, and reports take time to complete.	Caseworkers need to balance how much information is collected at screening and researching history.

1.3 New Ways to Assess Safety

The most important decision in CW is to assess the safety of a child in response to an allegation of harm. Screening and assessment protocols have been improved by three strategies: implementation of the centralized hotline, adoption of a standard protocol for closed at screening, and implementation of analytics tools to support decision-making.

Survey results show perceptions of staff are that CW is ensuring children, reported to the agency and under CW supervision, are safe. Staff perception is critical as staff are carrying out the everyday activities of the agency. Staff perception shows that CW has processes, procedures, and standardize responses to accepting, screening, and assessing allegations of child abuse and ensuring safety of children under CW supervision.

Program Managers stated that child welfare leaders promote safety for children under child welfare supervision by providing training and support to staff regarding safety practices. Safety is emphasized through the agency's involvement with families, either in the home or in foster care. Leaders focus on responding to safety in a consistent way across Oregon by continuous refinement of procedures for alignment.

Timeliness

In 2022, CW successfully met the CFSR Program Improvement Plan Item 1, Timeliness of Investigation, exceeding the 65 percent improvement goal set by the Children's Bureau. The Program Improvement Plan is a plan put in place by the Children's Bureau with ODHHS for improvement of performance for CFSR items not meeting national performance. During 2021, 42,389 CPS reports were assigned to delivery offices, and 12,187 of those reports



were assigned as a 24-hour response outside of typical business hours. The 2023 Annual Progress and Services Report (APSR)¹⁴⁹ states that:

“ORCAH is staffed and designed to screen 24/7 year-round, but delivery offices across Oregon continue to primarily work Monday through Friday, 8 am to 5 pm. CW continues to explore and evaluate strategies to best develop and train a sustainable workforce with ability to respond timely to new reports. Several districts developed alternative work schedules, but this continues to be challenging for staff. Some districts and counties have required on-call rotations. Statewide efforts are underway to evaluate workforce structure and operationalize processes to effectively respond to 24-hour response reports and ensure CPS workers make intentional, trauma-informed contacts with children and families within required timeframes.”

In-Home Services

The 2021 Child Welfare Information Gateway Issue Brief *In-home services to strengthen children and families* highlights best practices for safety assessment and management for caseworkers working with families while children remain in the home as described in the table below.¹⁵⁰

Table 22. Best Practices Related to Safety Assessment and Management for In-Home Services

Best Practice	2016 Oregon Practice	2022 Oregon Practice
Caseworkers use safety assessment models and tools to help assess ongoing level of safety for the child in the home and develop plans for managing threats.	Meets best practice. The Action for Child Protection Model has all the required assessments and plans to assess safety, risk, and manage risk throughout the family's involvement with child welfare services. ¹⁵¹	Meets best practice as it did in 2016. ¹⁵²

¹⁴⁹ Oregon Department of Human Services Child Welfare Division, Annual Progress and Services Report (APSR), 2023.

¹⁵⁰ Child Welfare Information Gateway. (2021). *In-home services to strengthen children and families*. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. https://www.childwelfare.gov/pubPDFs/inhome_services.pdf (pp 8–9).

¹⁵¹ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 2016, (pp. 244–508).

¹⁵² Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/1/2022, (pp. 242–544).

**Table 22. Best Practices Related to Safety Assessment and Management for In-Home Services**

Best Practice	2016 Oregon Practice	2022 Oregon Practice
Risk assessments are used to assess a family's risk and protective factors to assess for future maltreatment.	Meets best practice. The Action for Child Protection Model has all the required assessments and plans to assess safety, risk, and manage risk throughout the family's involvement with child welfare services.	Meets best practice as it did in 2016.
Caseworkers receive training on using safety and risk assessment tools and developing safety plans.	Meets best practice.	Meets best practice. In 2022, a new Child Protective Services Toolkit was developed to support onboarding of new staff. ¹⁵³

1.4 CFSR Findings

Table 23. Performance on CFSR Safety Indicators

CFSR Item	Oregon Performance 2016 % Strength	National Performance 2016 % Strength ¹⁵⁴	Oregon Performance 2021 % Strength	National Threshold to be Rated as a Strength
Item 1: Responses initiated, face to face contact with children made within timeframes	73%	73%	76%	95%

¹⁵³ Oregon Department of Human Services Child Welfare Division, Annual Progress and Services Report (APSR) 2023. (p. 32).

¹⁵⁴ Administration for Children and Families, Children's Bureau. Child and Family Services Reviews Aggregate Report, Round 3, Fiscal Years 2015–2018. [Child and Family Services Reviews Aggregate Report \(hhs.gov\)](https://www.hhs.gov/child-welfare/reports-and-materials/2018-07-10-Child-and-Family-Services-Reviews-Aggregate-Report) (p.13).



CFSR Item	Oregon Performance 2016 % Strength	National Performance 2016 % Strength ¹⁵⁴	Oregon Performance 2021 % Strength	National Threshold to be Rated as a Strength
Item 2: Prevent entry or re-entry into foster care	88%	65%	86%	95%
Item 3: Assess and address risk and safety concerns	66%	56%	65%	95%



2 Agency Culture

2.1 Leadership Vision

Survey respondents had mixed responses regarding whether culture has improved under Ms. Jones Gaston. Fifty three percent selected “I’m not sure,” and nineteen percent of respondents reported that organizational culture had not improved under Ms. Jones Gaston. Of those staff who were unsure whether the culture had improved, staff with zero to five years’ tenure had the highest incidence of uncertainty. This can likely be attributed to their short tenure, leading to a lack of exposure to the CW organizational culture before Ms. Jones Gaston’s arrival in November 2019.

2.2 Leadership Modeling

The Procedure Manual notes that using respectful and appropriate terminology around SOGIE creates a sense of safety and signals to young adults that staff honor them. The 2021 Procedure Manual does not expressly include nondiscrimination policies for SOGIE status, or for any group, but requires CW employees treat all children with respect and dignity. The Procedure Manual includes language that emphasizes the importance of supporting all children and young adults in the healthy development of these dimensions (sexual orientation and gender identity and expression) of themselves, stating that “all young adults should be treated with respect and dignity”¹⁵⁵ and outlines approaches to follow when working with LGBTQIA2S+ young adults. This includes information needed when seeking LGBTQIA2S+ medical and mental health services and the identification and determination of services for mental health support. The Procedure Manual notes that personal care items and supplies necessary for the health and well-being of an LGBTQ+ young adult are not considered medical supplies. If purchase of these items causes a financial strain for resource parent, ODHS branch funds should be used. This includes stand to pee devices, breast shapers, breast binders, straps and harnesses, and prosthetic devices.

Supervisors report the agency should do a better job with finding a solution to the issue of temporary lodging young adults, especially young adults with mental health changes.

2.3 Worker Safety

Assessment participants recognized that leaders are working to improve the agency safety culture but did cite a significant difference in CW’s focus on child safety versus worker safety. Safety caseworkers report that worker safety is one area in which they feel the

¹⁵⁵ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/1/2022, (p. 1048).



organization has the most work to do. They noted that the focus on safety for children is vital, whereas worker safety can be an afterthought. Caseworkers report a perceived expectation that their safety is second to the client's comfort, triggers, or trauma. They also discussed the nuance between worker safety in the field with clients and families versus psychological safety within the workplace. Because of this nuance, participants noted a need to define worker safety and increase efforts to keep workers safe.

Physical Safety

The physical safety of workers in CW buildings and their personal lives was a concern for some assessment participants. Some focus group participants felt that physical or emotional safety is only prioritized after an unsafe or traumatic event. Focus group participants felt that worker safety is an afterthought when case timelines are the priority.

They said CW does what it can to provide secure and safe offices, but there is a struggle to balance worker safety with public access and the need to deliver services to clients. Staff report that some facilities are insecure, and clients have broken into some. Cameras are not used in CW offices because of confidentiality concerns. Some noted they or colleagues had been threatened or stalked by parents of children in the child welfare system. The availability of personal information online is a broad threat. The public can find out information online that can lead to harassment, stalking, or threats, and felt that CW could do more to educate or train staff on privacy, protecting personal data, and how to address threats from parents.

Some focus group participants discussed feeling unsafe going to extremely dangerous locations and noted that local law enforcement does not even go to certain homes. Participants felt that workers should visit certain homes in pairs, but that it rarely happens due to staffing issues. There is inconsistency in when caseworkers are allowed to visit clients in pairs versus when caseworkers can only go out individually. In some districts, when caseworkers have overdue cases, they are not allowed to go out in pairs. Caseworkers agree that the decision about going out in pairs should be made on a case-by-case basis, according to safety concerns being assessed. CW leadership shared that while caseworkers may have responded to reports in pairs in the past, this has not been standard CW policy. To stay safe during assessments and house visits, some workers note in their shared calendars where they are going, when they expect to return, and check in with supervisors while out of the office. Some supervisors check on their staff's safety via phone call while they are in the field. Caseworkers contact law enforcement to accompany them, when appropriate but noted that there is a debate about whether to take law enforcement along on certain visits because of the negative perception of law enforcement and the trauma it may trigger for the client. Focus group participants felt that there is an expectation that their safety is second to the comfort of the children and families.



Policy requires the screener to try to gather information about worker safety concerns¹⁵⁶ and discusses planning for worker safety.¹⁵⁷ It notes that every CPS case has the potential for unexpected confrontation and suggests the worker evaluate the situation before initial contact and use effective engagement skills to de-escalate situations and engage families in difficult conversations to ensure safety. An accompanying procedure provides the CW worker questions to think about and provides information on precautions they should take such as have a phone nearby and avoiding dangerous areas at night.

If there is a concern with a resource family, staff are encouraged to discuss concerns with certifiers or the foster care coordinator. They said this is a shift, as CW has not always been a place where it feels safe to speak up or share concerns.

Psychological Safety

Permanency caseworkers felt the psychological and emotional safety of caseworkers is not well understood or acknowledged in the agency as staff report inconsistencies with support from managers and leaders. Caseworkers are sent mixed messages about taking time off for self-care and being given unlimited overtime to complete work tasks. Program Managers state that the agency is trying to improve safety culture, but there is historical trauma around how CW has managed changes in the system and practice.

Assessment participants mentioned hearing that CW may offer support groups for staff and provide training specific to safety of staff. CW has done a good job of allowing virtual visits during COVID-19.

The 2021 Procedure Manual includes language that screeners must consult with a supervisor on every report of a child fatality to ensure they are supported through secondary trauma and directs supervisors to be more supportive in the event of a child fatality.¹⁵⁸

¹⁵⁶ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 112).

¹⁵⁷ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (pp. 182–183).

¹⁵⁸ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 157).



3 Data-Driven Decision-Making

3.1 Continuous Quality Improvement

Federal regulations require that state child welfare agencies use CQI.¹⁵⁹ CW has been working to increase its organizational change management (OCM) competencies, and building the CQI structure is a primary focus for CW. According to interviewees, the OCM and CQI work is relatively new and underdeveloped but is improving. CW implemented a project management office (PMO) to manage projects and system changes in a structured and coordinated manner and to help implement long-term change. CW is working with local jurisdictions, the CQI team, and the PMO to increase the use of data to inform their processes. Still, most staff felt that CQI processes were consistently applied across counties, district, and the state at least sometimes.¹⁶⁰ One interviewee stated that the level of continuous quality improvement at the district level depended on whether the district had dedicated CQI staff. This interviewee also reported an increase in dedicated district-level continuous quality improvement staff in 2021–2022 and that dedicated technical assistance was also being provided at the district level. Still, managers and caseworkers saw room for improvement in the daily use of data to make case decisions.

The level of support for CQI may vary depending on the capacity of the team in each local area showing a need for consistency across the state.¹⁶¹ QA processes occur, but the frontline staff completing the work may not consistently use the results. Program Managers and district staff work very differently, with some Program Managers and district staff open to input and pushing to improve work. In contrast, other districts may struggle to implement change. Qualitative input from the survey confirmed that practice has improved, but there are still pockets where improvement efforts are less observable.

The CQI process helps CW understand what is working and what obstacles exist. According to assessment participants, the case review process is built into the agency's CQI processes and is, in part, dedicated to understanding and improving strengths for and barriers to permanence. Each CW program conducts Quality Assurance (QA) as part of the case review process, and each district may still create action plans as outputs of these processes. There are multiple QA processes that occur biweekly, but assessment participants shared that the information is not always used consistently by the workforce in decision-making.

Staff shared that different Program Managers work differently, and that some use the information to revise practice, and others struggle to implement the necessary changes.

¹⁵⁹ ACYF-CB-IM-12-07. <https://www.acf.hhs.gov/sites/default/files/documents/cb/im1207.pdf>

¹⁶⁰ Interview and survey results.

¹⁶¹ Staff and Manager surveys, interviews, and focus groups.



CW uses the information from the CFSR case reviews to target outcomes in local districts. Information gained from ongoing CFSR case reviews is now shared with the districts and counties, including information on how to improve outcomes. Safety and Permanency Consultants are involved in the CFSR debriefs and creation of action plans. Permanency Consultants regularly gather and analyze data on reunification and permanence and work directly with local offices to initiate change. Despite these improvements, the survey findings identify a need to better train and coach staff on how to use data for decision-making. Nearly a third of staff and managers reported that staff were never trained to use data in their work. One participant shared that their district doesn't use the information often but is open to having more workers participate in the QA and CQI process to increase the impact.

Additionally, supervisors use the 90-day staffing review tool with their direct reports to concentrate on the family's progress on the conditions for return and the expected outcomes. A 2020 ODHS strategy to improve data-based decisions was the creation of Quarterly Target Reviews (QTR) to report key metrics across all areas of the human services. Also in 2020, CW started its own QTRs to give program and District Managers the opportunity to review data as a team and discuss cross-program implications. A regular cadence and structure to these discussions allowed for better collaboration on identifying outcomes for families and understanding the impacts of decisions.¹⁶²

One aspect of CW's CQI process includes a comprehensive file review for every provider every two years. CW also conducts quarterly onsite visits, excluding when COVID-19 restrictions prevented onsite visits.

The CQI Workgroup, mentioned earlier in this report, identified several challenges, including:

- Lack of a centralized child welfare CQI implementation structure
- Communication regarding CQI needs, including clearly articulated benchmarks, clear articulation on how CQI is related to day-to-day work, and strong feedback loops
- District offices lack sufficient infrastructure
- A need for statewide technical support
- Lack of confidence in data, limitations to data collection, inconsistent performance measures, and the need for a child welfare specific philosophy around data usage¹⁶³

¹⁶² Oregon Child Welfare Division Vision for Transformation Update (July 2022).

<https://www.oregon.gov/odhs/child-welfare-transformation/Documents/2023-10-23-progress-report-2022.pdf>

¹⁶³ ODHS CWI Workgroup PowerPoint: Recommendations for Statewide CQI Structure. 10/19/2021.



3.2 Data Capacity

Central Office expectations and supports for increased data capacity and quality have improved as has the implementation of data-driven practices across counties. Central Office expects regional offices to use data and case review results to develop and implement improvement strategies, but the implementation of many new practices has been inconsistent.

CW now has a statewide systemic, targeted case review process called the Quarterly Target Reviews; has procured and implemented the ROM reporting tool; and has begun performance-based contracts with service providers. The ROM tool also has a public-facing site for stakeholders to track outcomes and the number of children removed over time and across counties.

CW has Data Quality Plans that support agency-wide data use for decision-making and to guide the development of the Comprehensive Child Welfare Information System (CCWIS) enhancements. Oregon has two data quality plans required as part of federal technology funding, both submitted in 2021, one focused on enhancements to OR-Kids¹⁶⁴ and one focused on progress towards a CCWIS.¹⁶⁵

Effective data management best practice recommends that the state information system be the single source of child welfare data and that additional information is not tracked elsewhere. Reporting tools like ROM and other dashboards should source data from OR-Kids, which is CW's practice. However, the Office of Training, Investigations, and Safety (OTIS) tracks daily activities in a data system external to OR-Kids.¹⁶⁶ OTIS provides completed assessments to Child Welfare staff, which are then scanned and uploaded into OR-Kids. Workers may use Excel or other tools external to OR-Kids to track tasks and activities, transferring data into OR-Kids later. According to focus group participants, some ADA and equity work is also tracked externally to OR-Kids. While these accommodations may add confusion in the reporting environment, the practice of tracking information is also evidence of the workforce using data to improve their work.

¹⁶⁴ CCWIS 2021 Project One OR-Kids Advanced Planning Doc Final. 03/05/21.

¹⁶⁵ CCWIS 2021 Project Two Implementation Advanced Planning Doc IAPD Final 03/05/21.

¹⁶⁶ Staff focus groups and interviews.



4 Recruitment, Retention, and Support

4.1 Diligent Recruitment

Information collected from interviews and focus groups did not demonstrate a consensus regarding CW's current ability and capacity to recruit and retain resource parents who can meet the identified needs of children in substitute care. Some interviewees stated that there have been recent, dedicated efforts to improve recruitment and retention strategies and that these efforts are central to the redesigned CW agency, including the use of data by Resource Retention and Recruitment Champions to inform recruitment and retention strategies. Some focus group participants shared that finding placements for teens is consistently difficult and noted that the recruitment efforts are more child-specific now.

Some organizations and programs outside of the agency, such as Every Child, coordinate with ODHS to recruit and retain resource parents. Another program, called KEEP, is an evidence-based support and skill building group for resource and kinship parents of children and young adults. KEEP is available to all resource and kinship parents throughout Oregon and offers affinity groups for parents caring for children and young adults with similar characteristics.

Data show that the number of certified relative and kith providers had decreased as the number of children in care decreases. However, CW showed improvement in late 2021 regarding the initial placement of children with relatives.

Survey respondents said that CW is able to recruit and retain providers to care for children with high needs. According to interviews and focus group participants, efforts to recruit resource parents who are open and supportive to caring for children and young adults in the LGBTQIA2S+ community are not always successful, despite CW encouraging same-sex couples and other members of the LGBTQIA2S+ community to become resource parents. Some recruitment efforts with faith-based communities engage families with "big hearts but narrow minds,"¹⁶⁷ which can cause barriers to caring for children and young adults in the LGBTQIA2S+ community. Certifiers have also faced obstacles when children placed with their grandparents change or share their sexual orientation or gender identity to one their grandparents do not support.

Regarding recruitment of guardians, Child Welfare policy states that prospective guardians must display the ability to meet current and long-term needs of the child or young adult and are approved by caseworker and certification staff. Prospective guardians must have a current certificate of approval from ODHS or another related department, or another state

¹⁶⁷ Focus Group Discussion.



in which the potential guardian lives, as well as a home study. The home study includes considerations of how the family meets the needs of the child or young adult and will provide a lifelong commitment. The Procedure Manual now includes guidance on when guardianship is most appropriate and outlines the procedure to change a plan to Guardianship.¹⁶⁸

To identify potential adoptive resources, Procedure allows caseworkers to consult with birth families to identify up to three resources who have the knowledge, skills, abilities, and commitment to raise the child or siblings and the capacity to meet current and lifelong safety, permanency, attachment, and well-being needs of the child. CW also has mechanisms outlined in Procedure to select general applicant adoptive families.

4.2 Resource Home Capacity

When prospective resource parents initiate the certification process, CW must be transparent about the reality of foster care without scaring them away from the process. Certifiers need people to understand how caring for children in the CW system can impact their family and their livelihood while also sharing the benefits to them and their families. This includes discussing the possibility of having reports of maltreatment brought against them by children or their families. Certifiers also must share the financial impact of fostering, as the reimbursement to families may not cover the total cost of caring for a child. Resource parents are eligible for different rates¹⁶⁹ depending on the child's age, placement type, and needs, as shown in the table below. Oregon Administrative Rule, which was revised in October 2020 and will be revised again when the rate increase takes effect on July 1, 2024, outlines payments provided to certified families.¹⁷⁰

Table 24. Resource Parent Rate Breakdown

Rate Type	Description	Rate
Base Rate	Cost of food, clothing, housing, personal incidentals, and transportation	\$693–\$795 per month depending on the child's age

¹⁶⁸ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 8/23/2023, (pp. 1472–1486).

¹⁶⁹ Oregon ODHS Foster Care Payments and Rates website: <https://www.oregon.gov/odhs/providers-partners/foster-care/pages/rates.aspx>

¹⁷⁰ OARs 413–090–0005 to 413–090–0010.

http://www.dhs.state.or.us/policy/childwelfare/manual_1/division_90.pdf



Rate Type	Description	Rate
Shelter Care	Provided to a certified family during the first 20 days of substitute care for a child or young adult in the care or custody of the Department (not made each time a child moves to a new home)	\$30.66–\$34.03 per day depending on the child's age
Enhanced Shelter Payments	Provided to a family for a child or young adult during the first 20 days of substitute care with a certified family after a child or young adult has been in placement with a Behavior Rehabilitation Service provider and there is no current level of care payment determination applicable to the child or young adult.	\$54.33–\$57.70 per day depending on the child's age
Child and Adolescent Needs and Strengths (CANS) Level of Care	Provided to an approved or certified family, a guardian, a pre-adoptive family, or an adoptive family based on the need for enhanced supervision of the child or young adult as determined by the results of the CANS screening	\$240–\$960 per month depending on the child's level of need
Personal Care Services	Assist with functional activities involving mobility, transfers, repositioning, basic personal hygiene, toileting, bowel and bladder care, nutrition, medication management and delegated nursing tasks that a child or young adult requires for his or her continued well-being	\$231–\$692 per month depending on the level of care needed, with the possibility of higher rates determined by ODHS



Rate Type	Description	Rate
Mileage Reimbursement	Reimbursement for transportation for a child or young adult to remain in the same school they were attending before placement in substitute care; to and from visitation when family visitation is part of the service plan; and in-state transportation by airline for children only if the cost of the air fare does not exceed all the actual costs of transporting the child by car	Current ODHS mileage reimbursement rate for CW staff

Reimbursement rates have increased slightly for congregate care providers who are involved with the OYA and OHA, and the legislature also increased BRS rates, which take effect July 1, 2024.

4.3 Training Supports

CW has been in the process of redesigning the training and development for resource parents. The delivery of resource parent training previously was managed by a university partnership contract, but CW is taking ownership over this training and is implementing an NTDC national curriculum, outlined in Section 4.4. This decision was driven by demand from communities and data from incidents of allegations of maltreatment. As mentioned in Section 4.4.4, resource parents now receive training content from the NTDC and the Resource and Adoptive Family Training (RAFT). Interviewees mentioned that CW understands there is still more to improve related to onboarding and supporting resource parents.

Resource parents create a Training Plan for ongoing training to be completed during each two-year certification period. This plan is tailored by the resource parent(s) and certifier to meet the parents' interests and training needs, based on the age and gender of children in their homes, and any unique mental and medical health, educational, or developmental needs.¹⁷¹ At least half of the training hours should be completed through face-to-face or interactive training, including classroom training, remote delivery, support groups, or

¹⁷¹ ODHS Resource Parent Certification and Renewal Requirements:

<https://www.oregon.gov/odhs/providers-partners/foster-care/Pages/training-renewal.aspx#options>



conferences. The remaining half can be completed through reading books or articles, watching videos, or listening to audio recordings.

4.4 Placement Matching

Child Welfare policy is very clear to “always select the least restrictive substitute care option able to meet the child’s needs for safety and well-being,”¹⁷² but this does not happen consistently. Interviewees shared that the use of the least restrictive placement must be documented in the court reports and presented to the Citizen Review Board. Others stated that caseworkers have received training on using the least restrictive placement, but that at times, caseworkers are more focused on just trying to find a placement and cannot always prioritize the least restrictive. Caseworkers also face challenges in matching placements when placing young adults who are sexually aggressive, especially those who have not been adjudicated on this behavior, as there are safety risks placing them with other children. Because they do not have formal charges, these young adults are not served by juvenile justice, leaving the child welfare system to find solutions for them.

The survey results demonstrated difficulties in placement matching, in that over half of the respondents shared that CW sometimes appropriately matches children to their caregivers. Approximately a quarter of respondents stated that matching always occurs.

Procedure requires caseworkers to choose initial and subsequent placements based on the caregiver’s capacity to participate in the ongoing safety plan and meeting the child’s safety and well-being needs.¹⁷³

CW prefers for children and young adults to be placed with relatives (including kith and kin), and there is a process to temporarily certify relatives with an immediate certification. This process allows for criminal background checks to be conducted and references are collected while children are placed with a trusted relative.

¹⁷² Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 713).

¹⁷³ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (pp. 721–722).



5 Permanence

5.1 Prioritization of Permanence

When asked whether CW leadership encourages or promotes improving permanence for children in substitute care, the majority of respondents felt that leadership is supportive. Interviewees and focus group participants agreed that leadership encourages improving permanence for children in care. They did recognize, however, that the workforce as a whole doesn't celebrate enough. They illustrated this by sharing that CW's goal has been to equitably reduce the number of children and young adults in substitute care, which they have done. The number of young adults in care has been trending down since the beginning of 2018, and they haven't celebrated this as a group yet.

CW prioritizes permanence in multiple ways:

- CW prioritizes the initial placement of children with relatives, as shown in Section 4.10. These data are supported by over 71 percent of survey respondents agreeing that CW prioritizes the placement of children with relatives. This initial placement preference is a core message throughout the caseworkers' Essential Elements training¹⁷⁴ and enhanced by ongoing trainings. During this training, which caseworkers must complete before carrying a caseload, participants learn how to monitor permanence and about the criteria for determining whether a child's permanency needs are being met, including family interaction. Participants also learn how to collaborate with community partners and tribes to achieve permanence, work with courts to follow permanency timeframes, conduct permanency planning activities (including concurrent planning), and recommend placements that promote permanence. CW has established caseworker competencies that guide their training provision, and the competencies are divided among nine skill sets, including fundamentals of placement and permanency.¹⁷⁵ Permanency is woven throughout the training competencies, underscoring permanency as one of the pillars of Oregon child welfare practice. More information on Essential Elements training can be found in Section 4.10.
- Beyond the placement preference of relatives, interviewees and focus group participants confirmed that CW properly promotes ongoing searches for relatives, but the use of this process is varied. For example, in some adoption cases, diligent searches occur early on, but once safety is addressed, ongoing searches are not

¹⁷⁴ Essential Elements summaries: <https://www.pdx.edu/center-child-family/essential-elements-session-summaries>

¹⁷⁵ Portland State University Center for Improvement of Child and Family Services: <https://drive.google.com/file/d/1cTaysiB2Ejv4G37ZFQSOOLGrazwOUBXU/view>



prioritized. According to interviewees and focus group participants, processes for relative searches differ by district, and there are currently new processes for relative engagement being implemented across the agency. These new processes may resolve the disconnect in coordinated efforts between the district offices and the central office. Some CW offices have bilingual staff to conduct search for relatives and have successfully found quality results. However, not all CW offices have this resource. According to interviewees and focus group participants, the Court Appointed Special Advocates (CASA) program conducts ongoing relative searches using Family Finding¹⁷⁶, and this information is shared with CW. Family dynamics were identified as a barrier to ongoing relative searches. A parent sometimes refuses to give any relative names, forcing CW to implement more creative search methods to locate relatives. When children and young adults are in temporary lodging, they are asked daily about relative placement options and must provide verbal confirmation if there are none. If a child is in any placement not with a relative, but a relative wants to be considered as a placement resource, the relative must be assessed.

- Since 2016, CW introduced a Youth Decision Making Meeting (YDM)¹⁷⁷ that may only occur with young adults ages 13–20, and one of the outputs of the meeting is to assist young adults in finding permanence. This opportunity for the child’s team to discuss the young adult’s goals, plans, dreams, and needed support further demonstrates CW’s focus on prioritizing permanence for children and young adults in care. Youth Decision Meetings may occur to respond to urgent needs, to build community connections or supportive relationships, discuss how to increase time with family members, talk about goals/share accomplishments, prepare and plan for major events, preparing young adults for upcoming meetings, and creating a transition plan. This meeting is young adult–centered, and carries a motto of “nothing about us, without us.” The four key values for a YDM are to be young adult–driven, strengths–based, trauma–informed, and culturally responsive.
- According to interviewees and focus group participants, there are several processes, procedures, and people involved in reviewing termination of parental rights (TPR) standings in the last few years.
- CW utilizes guardianships as an acceptable permanency plan for a child in substitute care when a child cannot be safely returned to the home of a parent.¹⁷⁸ The Procedure Manual continues by outlining adoption as the preferred plan; however, guardianship is an acceptable alternative plan when adoption does not best serve the interests of the child. A decision to pursue guardianship as a plan

¹⁷⁶ A Family for Every Child: <https://www.afamilyforeverychild.org/about-us/>

¹⁷⁷ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 473).

¹⁷⁸ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 1447).



must be based on the individual safety, permanency, and well-being needs of the child. Only a child who has an approved plan of guardianship with a relative is eligible for a subsidized guardianship. There are also policies in place regarding guardianship assistance.¹⁷⁹

- Assessment participants shared that the focus on permanence runs throughout their initial and ongoing training, including discussing the need for permanence and moving toward prioritizing retuning children to their family. CW facilitates Permanency Summits, which include a training component, and quarterly meetings with supervisors that also include training. There has been substantial effort in the permanency unit to develop family engagement plans and some districts have been piloting family time programs.
- According to interviewees and focus group participants, there is a strong checks and balances system in place between state office and delivery teams regarding the prioritization of children in high needs and out-of-state placements, as required.

Interviewees and focus group participants identified a need for a different certification and placement process for relatives. Risk-averse staff or certification consultants may shy away from outside-the-box or exception-required relative placements if there are some potential concerns and lack a strong search and connection resource to help them navigate the concerns more effectively. Challenges from supervisors to these determinations are not often successful. A family's history, paired with current CW policies around who can be certified, can be a significant barrier to relative placement options, leading to a tendency of CW to do more for resource parents than what is done for relatives.

5.2 Placement Matching

Interviewees and focus group participants had varying responses when discussing whether CW follows federal requirements for placement preferences for American Indian or Alaskan Native children. One participant mentioned that they are not always able to follow placement preferences for refugee children because there are no families available who share cultural heritage and traditions and that recruitment for those families is lacking. Participants mentioned confusion and contradiction in placement preferences, including one example where the Interstate Compact for the Placement of Children (ICPC) requirements conflict with a Tribal placement preference for an out-of-state placement that is currently occurring. Workers shared a “constant worry” that children and young adults are not safe in that placement because of logistical issues causing delays in decision-making. Others expressed fear of making the wrong decision and cited the extra

¹⁷⁹ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (pp. 1463–1472).



attention placed on ICWA cases and mentioned that the lack of leadership attention on this issue is frustrating.

Other participants mentioned working hard to include tribes as much as possible in their case practice. Some participants shared that they are often incompliant with the Indian Child Welfare Act (ICWA) placement preferences, partly due to the lack of statewide recruitment for American Indian and Alaskan Native families. Local offices may include recruitment for American Indian and Alaskan Native families as part of their targeted campaigns.

The Procedure Manual directs staff to initiate a supervision plan when a CANS screening results indicate a level of care that requires enhanced supervision or when a child with a level of care moves from one substitute care placement to another substitute care placement.¹⁸⁰ CW does meet state requirements for using the CANS to determine the Level of Need of children in care. There was consensus among assessment participants that the CANS is used consistently to document the strengths and needs of children and young adults, which also indicates the level of reimbursement. Please see Section 4.4 for more information on reimbursement based on CANS results.

Assessment participants shared that CW attempts to appropriately assess prospective adoptive parents to match with children, but that there can be limitations to this. As with resource parents, there is a lack of prospective adoptive parents for teens who are legally free for adoption. Adoptive resources undergo a SAFE Home Study tool as resource parents do, and they must also “understand the importance of and demonstrate the ability and willingness to sustain parenting responsibilities for a child until the child reaches adulthood.”¹⁸¹

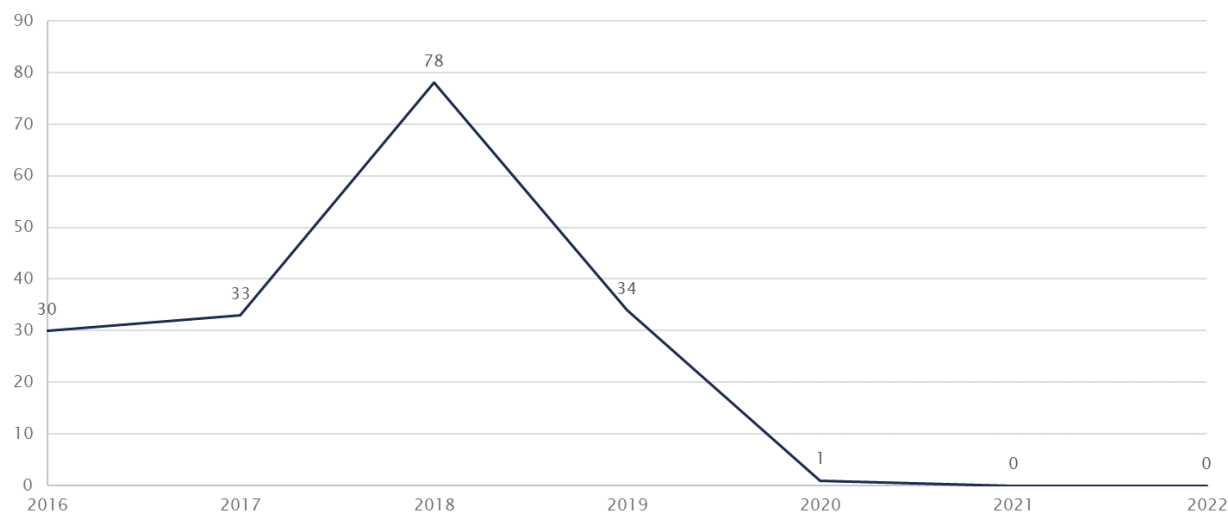
Policy improvements over the last two years have led to the elimination of the use of out-of-state facilities. Previously, out-of-state placements were intended for use only when there were no comparable services in-state. Keeping children and young adults in Oregon facilities allows CW to have oversight and input into the supervision and care provided to them. The figure below illustrates the decline of children being placed out of state since 2016, and shows that since 2021, no children have been placed out state.

¹⁸⁰ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 759).

¹⁸¹ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 1553).



Figure 19. Out of State Residential Placements

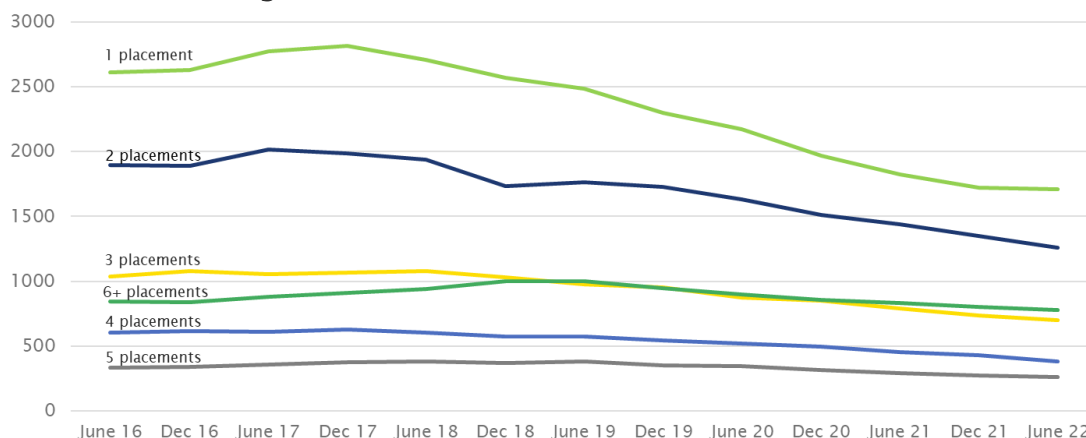


5.3 Placement Stability

The federal CFSR process measures the number of placement moves per 1,000 days for children in substitute care. It is a measure calculated in the aggregate, and Oregon has consistently not met this measure since it was added as a federal performance measure in 2016. The state exceeded the national standard in the most recent period with a score of 5.5 moves, well above the federal standard.¹⁸²

As shown in the graphic below, the overall number of children placed in substitute care decreased sharply over the last several years. While the steepest decline was in the number of children having one or two placements, this graphic illustrates that fewer children are experiencing more than two placements as well.

¹⁸² See the Appendix tables for data detail.

Figure 20. Number of Placements Over Time¹⁸³

Oregon's time to permanence is below the national standard. The national standard for permanency in 12 months is 40.2 percent, and as of June 2022, CW is just under the national standard at 38.7 percent. Previous reporting periods showed Oregon meeting the national threshold.

5.4 Timeliness

CW has made concerted efforts to achieve permanence in a timely manner:

- Monthly staffings are held with established timelines to keep caseworkers moving forward.
- Citizen Review Boards offer insight into areas of improvement.
- CASAs assist with searches for relative placement to improve outcomes, and the Vision for Transformation has established a high-quality standard for relative searches.

There are many competing lenses regarding improvement of achieving timely permanence, which can sometimes cause a conflict between family readiness, CW expectations, court timelines, and federal timelines. The effort to achieve timely permanence is an ongoing process and requires balancing different inputs and requirements.

Termination of Parental Rights

Policy requires that "when a caseworker and their supervisor determine that a child is appropriate for adoption, and the parent will not voluntarily relinquish their parental rights, the caseworker shall refer the child's case to the Legal Assistance Program for consideration of petitioning the court to terminate parental rights. If the child's case is

¹⁸³ Oregon Child Welfare Data Set: OR.08 Number of Placements for Children in Foster Care.

<https://oregon.rom.socwel.ku.edu/reports>



approved to pursue freeing the child for adoption and the court concurs, the legal assistance specialist and the legal assistance attorney will work with the caseworker to prepare and litigate the case.”¹⁸⁴ Parental rights can also be terminated through voluntary relinquishment, “when ODHS has determined that adoption is an appropriate permanent plan for the child, and after approval has been given by the Central Office’s legal assistance specialist and by the parent’s attorney, parents may relinquish their rights for the purposes of achieving an adoption.”¹⁸⁵ There is adequate determination and procedural language regarding TPR by Child Welfare, and they do pursue the termination of parental rights as required by federal law.

There have been impacts to the timeliness of TPRs due to COVID-19 and variances in the use of remote hearings and re-opening courts across districts.

Collaboration with Courts

CW attempts to collaborate with the courts to ensure timely permanency hearings. Success varies by district, with typically more success in smaller districts. Courts are overwhelmed with COVID-19 impacts, and focus group participants felt that judges might be more willing to collaborate to produce better outcomes if the backlog was not so large. Interviewees and focus group participants continued by stating that beyond COVID-19 impacts, there has been improvement in the last 15 years, yet collaboration can still be a struggle and differ by jurisdiction. The differences by jurisdictions were explained through the example of how a permanency worker in one district would likely have no idea how to present a case in a different district.

Some districts have seen positive collaboration with the Juvenile Court Improvement Project (JCIP), while in other areas it continues to be a challenge. CW meets regularly with model court teams. Focus group participants felt there was a lack of respect for CW workers by courts, which makes it harder for staff to provide quality permanency plans. They feel that courts do not see CW workers as content experts, or do not take into consideration that many CW are fairly new and are still learning and building confidence. If courts are disrespectful of workers, their confidence may never get established, leading to frustration, impacts to permanency goals, and ongoing staff turnover.

Legislative changes or procedural changes that impact CW are not always well communicated with the courts, leading to inconsistent approaches to cases between CW and a local judge.

¹⁸⁴ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 1274).

¹⁸⁵ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 8/23/2023, (p. 1227).



5.5 Temporary Lodging

Focus group participants discussed frustration in temporary lodging decisions, especially those in which the caseworkers felt the children were not appropriate candidates for temporary lodging or foster care. For example, there was mention that children have come with a referred placement and may not be appropriate for a temporary lodging or foster care placement, but a judge will order the placement anyway. This leads to CW having to appeal some of these decisions, taking additional administration time because their input was not fully heard or valued. The adversarial nature of these situations also causes ongoing damage to the relationship between the courts and child welfare agency. Interviewees and focus group participants noted the trauma impact when young adults are in temporary lodging for days, weeks, and months.

A primary challenge to the continued use of temporary lodging stems from placement facilities and the young adult's ability to reject available placement options. These licensed placement facilities can also request that a child or young adult be removed from the facility for behaviors that the facility is licensed to treat.

Participants mentioned that CW is working on an MOU to bring cross-system partners back to the table to grow mental and behavioral health programs so there is more placement capacity for children who need higher levels of care. CW lost an entire structure around Therapeutic Foster Care, which was the most appropriate structure for many of these young adults. Many challenges about placement options lie in systemic issues that are beyond CW's authority, including the availability of statewide mental health services and available beds. An additional challenge is that CW cannot be solely responsible for recruiting and retaining resource parents who can provide higher levels of care.



6 Permanency Planning

6.1 Leadership Prioritization of Permanency Planning

Assessment participants were divided in their perceptions of leadership support for permanency planning. Approximately half (54 percent) of survey respondents believe leadership advocates for improving permanency planning, while 36 percent were unsure, and 10 percent did not feel that leadership supported these efforts. There is not a consensus from assessment participants on whether CW identifies permanency goals appropriate to the child's needs, with 47 percent of survey respondents sharing that this always happens, while 51 percent felt this sometimes happens. A small percentage, 2 percent, responded that this never occurs.

The majority (61 percent) of CW staff felt that they have access to training and coaching on permanency planning with families, while 32 percent were unsure if this training was provided, and 7 percent did not believe it was. The uncertainty or belief that this training is not offered may be due to varying roles within the agency. Safety caseworkers or supervisors, for instance, may not participate in permanency planning training as this responsibility lies more with permanency caseworkers and supervisors.

The 2021 Procedure Manual contains a section on documenting the case plan,¹⁸⁶ of which the permanency plan is a component, and the 2023 Procedure Manual retains this policy.¹⁸⁷ The case plan, which describes why CW is involved and the actions and services required to change behaviors, conditions, or circumstances that led to the child being unsafe, must be developed within 60 days of placement in substitute care or within 60 days of the CPS assessment when the child remains home and in the parent's custody.¹⁸⁸

Data collected during this assessment did not allow PK to determine whether permanency plan goals are changed in a timely manner and according to state requirements, however, CW does recommend placement decisions based on the identified needs and permanency plan of the child, including updating a child's CANS prior to a placement change (except in emergent situations).¹⁸⁹

¹⁸⁶ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (pp. 489–501).

¹⁸⁷ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 8/23/2023, (pp. 499–511).

¹⁸⁸ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 490).

¹⁸⁹ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 862).



Collaboration with Courts

Collaboration with courts is a challenge mentioned several times during this assessment. The barriers to collaboration are dependent upon the judge and on the backlog a particular court is dealing with due to COVID-19 restrictions and delays in court hearings. Courts lack the docket time needed to hear all the cases before them, and cases can be continued for months. Some judges are seen as micromanaging cases and setting unrealistic expectations for caseworkers and families to meet, further exacerbating the delays in hearings and permanency outcomes.

Caseworkers experience a power struggle with courts and feel that the compliance mindset is a barrier. In their words, courts order people to do things, which is not a collaborative process. One participant shared that the courts prevent reunification in their area of the state, and that the bullying and belittling caseworkers' experience in court leads to staff turnover issues.

The collaboration has reportedly improved over the last 15 years. It was noted that smaller jurisdictions seem to have better collaboration, and judges are often more invested in those communities. They insert themselves into the cases and may make changes differently than those in larger communities and make recommendations based on policy language. In these smaller jurisdictions, attorneys generally have smaller caseloads, allowing them more time to collaborate on cases. In some areas of the state, delays occur because judges believe the parents need more time to make changes, while others are strict about permanency timelines.

According to assessment participants, judges sometimes make case decisions contrary to the wishes of the department. According to some participants, meetings are held, plans are made, but then judges make their own decisions. While CW has rules and policies to follow, staff sometimes feel that the laws are vague enough that judges can make emotional, inconsistent rulings that cause significant frustration. One participant mentioned that sometimes young adults come into a hearing with a preferred placement, and judges make other decisions, including temporary lodging, based on their own preferences. Judges' decisions can also impact community support if they do not make rulings that include community services. This adversarial process is difficult for agency staff when they feel the placement ordered is inappropriate for the child. CW staff feel at times that the child welfare dependency program is a default for cases that don't easily fit elsewhere, and the child welfare system cannot say no to children who need services and support.

Participants pointed out an issue with the public defenders' contracts and shared that many children and parents are now being represented by attorneys from other counties. Some participants mentioned that less cases are being opened through protective



services and that more family-led safety plans are being drafted, which have been successful.

6.2 Family Engagement in Permanency Planning

Staff report that leadership supports seeing families as individuals, which the CW Safety Model supports, and there are now tools in place to support family engagement and recognizing strengths. They found the silver lining with COVID-19 by using technology to facilitate virtual contacts with children and to connect children to their families easier when they couldn't be together in person. Interviewees and focus group participants shared that the Family Report, which is part of the Case Plan, includes efforts to engage the child and the family, and this has been a focus for the agency over the last three years. The permanency plan and the family plan are components of the overall case plan, which are developed for every child under CW supervision.

When discussing whether CW recommends placement changes based on the child's identified needs and permanency plan, staff shared that internal communication occurs and allows them to review recommended changes. During focus groups, participants reflected on obstacles in working with juvenile court, and shared that at times, there is disagreement between the agency and the court about recommendations for placement changes.

The timeframe for initial CANS screen shifted from 14–20 days in out-of-home care in 2016 to 14–21 days in 2021.¹⁹⁰ There is an additional sub-section included in the 2021 policy entitled Case Planning¹⁹¹, which provides specific and detailed instructions on how to use the results from the CANS in placement matching, reunification, provision of services and interventions. There is an addition to the 2021 policy that CANS rescreening may be completed if the last screen was completed more than 90 days prior to the most recent request, which was not present in the 2016 Procedure Manual.¹⁹²

¹⁹⁰ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 757).

¹⁹¹ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (pp. 762–764).

¹⁹² Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 765).



7 Individualized Assessments

7.1 Family Engagement

There is a 90-day staffing review tool that supervisors use with caseworkers during supervision to assess progress. The primary focus of the case review staffing tool is the family's progress, conditions for return, and expected outcomes. CW completes QA reviews with the certification team quarterly. Home studies, stability of placements, recurrence of maltreatment, and other data measures are reviewed. During focus groups, caseworkers stated that case reviews are often viewed as punitive and not as a learning and improvement process.

7.2 Scope of Assessments

The table below outlines the changes in assessments provided to children, young adults, and families from 2016 to 2021. In most cases, the requirements have been clarified and instructions have been provided. For each assessment, more information is provided to caseworkers to outline their responsibilities and timelines.

Table 25. Assessments Provided to Children, Young Adults, and Families

Assessment Type	2016 Policy	2021 Policy ¹⁹³
Comprehensive Health	Medical assessment within 30 days of entering substitute care. ¹⁹⁴	The language was changed from “medical” to “comprehensive health” ¹⁹⁵ assessment that must be completed by the child’s primary care provider, within the same timeframe.
Intake Nursing	The 2016 Procedure Manual recommends following procedures to request a nursing assessment for injured, critically ill, or terminally ill children, but does not provide instructions. ¹⁹⁶	The language was changed to require an “intake nursing assessment” to be done by an ODHS–contracted nurse, shortly after entering substitute care. ¹⁹⁵ This assessment has resulted in children under five being

¹⁹⁴ 2016 Oregon Department of Human Services Child Welfare Procedure Manual, (p. 149).

¹⁹⁵ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 281).

¹⁹⁶ 2016 Oregon Department of Human Services Child Welfare Procedure Manual, (p.720).



Assessment Type	2016 Policy	2021 Policy ¹⁹³
		identified and referred to personal care services sooner. ¹⁹⁷
Dental	Dental assessment within 30 days of entering substitute care. ¹⁹⁸	The timeline is the same as 2016, but for children aged one and older.
Mental Health	Mental health assessment within 60 days of entering substitute care. ¹⁹⁸	The timeline is the same as 2016, but for children aged three and older.
Early Intervention Screening	The 2016 Procedure Manual recommends working with parents to obtain a developmental assessment through Early Intervention/Early Childhood Services. ¹⁹⁹	The Procedure Manual requires this screening for children up to 2 years old within 60 calendar days of entering substitute care. ¹⁹⁵
Independent Living (IL) Planning	The 2016 Procedure Manual outlines making referrals to contracted providers for IL services, ²⁰⁰ and requires caseworkers to complete the Ansel–Casey Life Skills Assessment with young adults. ²⁰¹	The 2021 Procedure Manual requires caseworkers to complete an IL assessment when using the planned permanent living arrangement. ²⁰² One focus group shared that providers complete an assessment for IL needs, but it can be cumbersome.
Indian Child Welfare Act (ICWA)	The 2016 Procedure Manual outlines requirements for	The 2021 Procedure Manual now includes assessing ICWA status

¹⁹⁷ Oregon Department of Human Services Child Welfare Division, Annual Progress and Services Report (APSR) 2023, (p. 112).

¹⁹⁸ 2016 Oregon Department of Human Services Child Welfare Procedure Manual, (p. 149).

¹⁹⁹ 2016 Oregon Department of Human Services Child Welfare Procedure Manual, (p. 272).

²⁰⁰ 2016 Oregon Department of Human Services Child Welfare Procedure Manual, (p. 688).

²⁰¹ 2016 Oregon Department of Human Services Child Welfare Procedure Manual, (p. 610).

²⁰² Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 1814).



Assessment Type	2016 Policy	2021 Policy ¹⁹³
	asking about and documenting American Indian heritage. ²⁰³	as part of the Family Support Services Assessment. ²⁰⁴
Child and Adolescent Needs and Strengths (CANS)	The 2016 Procedure Manual instructs caseworkers to refer every child entering substitute care for a CANS screening but does not specify who completes the screening. ²⁰⁵	The 2021 Procedure Manual outlines expectations for using the CANS for identifying services and interventions and instructs caseworkers to discuss assessment results with service providers and families to determine what family services and interventions are appropriate. ²⁰⁶ The 2021 Manual requires an individual trained and certified by the department to conduct the CANS screening and instructs caseworkers to submit the CANS referral to the staff member in the branch office who coordinates referrals and sends the information to the CANS screener. ²⁰⁷
Family Support Services	The 2016 Procedure Manual describes Family Support Services but does not include an assessment for such services.	The 2021 Procedure Manual now requires an assessment within 30 days of receiving the screening information by having face-to-face contact with parents, legal guardians, the former foster child, and the child to assess specific services needed. ²⁰⁸

²⁰³ 2016 Oregon Department of Human Services Child Welfare Procedure Manual, (p. 43).

²⁰⁴ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 1502).

²⁰⁵ 2016 Oregon Department of Human Services Child Welfare Procedure Manual, (p. 541).

²⁰⁶ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 763).

²⁰⁷ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (pp. 756–757).

²⁰⁸ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 1501).



Assessment Type	2016 Policy	2021 Policy ¹⁹³
Qualified Residential Treatment Program (QRTP)	Not included, as these programs are tied to the 2018 Family First Prevention Services Act.	The 2021 Procedure Manual now outlines the process by which to approve placement in a QRTP. ²⁰⁹

The focus of the CPS assessment is the child's or young adult's safety. CW Procedure requires several types of assessments, outlined in the table below.

Table 26. Assessment Consultation

Provider	Role in Assessment
Medical personnel	Assess and respond to the medical needs of a child or parent and possibly document the nature and extent of abuse.
Mental health personnel	Assess the effects of any alleged abuse and help determine the validity of specific allegations. They may also evaluate the parent or caregiver's mental health status and its effect on the child's safety.
Substance abuse specialists	Evaluate parental, or caregiver substance use or misuse and its impact on the child's safety.
Domestic violence experts	Assist in examining the child's safety in cases where partner abuse and child abuse coexist. DV experts may also help in safety planning.
Multidisciplinary teams	Help CPS analyze the information for proof of abuse and the assessment of risk and safety.
Designated Medical Professional (DMP)	Must be consulted per ORS 419B.022–024. In cases where there is suspicion that injuries are caused by abuse, they must be addressed in the coordinated comprehensive way required by Karly's Law. ²¹⁰
Local or regional Child Advocacy and Intervention Centers (CAICs) ²¹⁰	Frequently used by caseworkers and law enforcement to conduct forensic interviews of children who are suspected victims of abuse. Often, medical evaluations are conducted as well, and

²⁰⁹ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 1197).

²¹⁰ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 223).



critical information is gathered during the evaluation processes.

The 2021 Procedure Manual also contains information on multiple types of assessments and their scope, including:

Specific condition or behaviors. The 2021 Procedure Manual instructs caseworkers to consult other providers when there is a specific client condition or behavior that requires additional professional assessment,²¹¹ including:

- The child exhibits undiagnosed physical health concerns or the child's behaviors, or emotions do not appear to be age-appropriate, such as hyperactivity, excessive sadness and withdrawal, chronic nightmares, bed wetting, or aggressive behavior at home or at school.
- The parent exhibits behaviors or emotions that do not appear to be controlled. Examples are violent outbursts, extreme lethargy, depression, or frequent mood swings.
- The child or parent has a chemical dependency.

Caseworkers may also consult other providers as part of the assessment process.

The six domains. The 2021 Procedure Manual also states the comprehensive CPS assessment thoroughly documents information relating to the six areas, and that by gathering enough information about these six domains, caseworkers can determine whether there is impending danger:²¹²

1. Extent of maltreatment
2. Circumstances surrounding the maltreatment
3. Child functioning
4. Adult functioning
5. Parenting practices
6. Disciplinary practices

Nursing Assessments. The 2021 Procedure Manual states Child Welfare Contracted Field Nurses will conduct nursing assessments for children and families on trial reunification cases and will include:²¹³

²¹¹ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 222).

²¹² Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 173).

²¹³ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 1072).



- All children who enter trial reunification
- All children under age 3 on an in-home case
- Children and families with health issues at the request of the caseworker

Specific Evaluation. The 2021 Procedure Manual provides guidance for situations when the assessment identifies the need for specific evaluation. The referral to those specific professionals should specify the following:

- The reason for referral, including specific areas for assessment as they relate to the present or impending danger safety threats.
- The parents' knowledge about the referral and their response.
- The timeframe in which the evaluation must occur and when the agency needs the report back from the provider.
- The purpose and objectives of the evaluation.
- The specific questions the CPS worker wants answered to assist in decision-making.²¹⁴

Routine Medical Care. The 2021 Procedure Manual requires caseworkers to discuss routine medical care at each monthly face to face visit with parents and children and document the updated information.²¹⁵ The Procedure Manual contains more sections on managing physical health of children, medical care management, and information regarding pregnant and parenting children in care. The Procedure Manual contains instruction on obtaining immunizations and vaccinations to ensure all children are up to date on their immunizations and vaccinations within 90 days of entering care.²¹⁶ If the parent objects to the vaccinations and immunizations, parents can obtain a court ruling. Child ages 15 and older can consent to receiving vaccinations and immunizations.

Psychotropic Medications. The 2021 Procedure Manual contains information about authorization for new psychotropic medication that originates from the Health and Wellness Services Program Manager or Nurse Consultant as opposed to Program Manager or designee.²¹⁷ Health and wellness services work in collaboration with the Oregon Psychiatric Access Line-Kids (OPAL-K). When concerns or questions, Health and Wellness Services may request OPAL-K consult with the health care provider regarding psychiatric services. Consent decisions made by Health and Wellness Program Manager or Nurse Consultant, and if not approving consent, must consult with OPAL-K, as they have more experience than the child welfare Program Manager or designee.

²¹⁴ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 223).

²¹⁵ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 869).

²¹⁶ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 866).

²¹⁷ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 875).



Mental Health Assessments. The 2021 Procedure Manual clarifies that a mental health assessment must have been conducted within 3 months for a new psychotropic or antipsychotic medication to be given.²¹⁷ Mental health assessment updates should be completed yearly. The 2021 Procedure Manual adds an annual review must be completed on all youth receiving psychotropics where prior procedure stated the annual review was for a child or young adult under 6 years of age or young adult with two or more prescriptions.²¹⁷



8 Service Provision

8.1 Cross–System Collaboration

CW has a strong dependency on services over which they have no oversight and the services available to families vary by county. The systems and services in place to ensure timely and appropriate behavioral health services vary by district. This is due largely in part to the local agency's responsibility for identifying and contracting necessary services. Another dependency is local leadership's knowledge of behavioral health service array and their identification as a leadership priority.

Delivery of services to children is critical in achieving positive outcomes for children. The 2021 Procedure Manual states that successful intervention in the lives of abused and neglected children requires concurrent involvement of many different systems²¹⁸:

- The child and family
- Child welfare
- The court
- Education
- Medical and mental health professionals
- Attorneys
- CASAs
- Other local agencies that serve children and families

The working relationships between CW and the Oregon Health Authority (OHA) and the Office of Developmental Disabilities Services (ODDS) is improving, evidenced by more formal and informal interaction. Contracted Services and systems leaders identified service gaps in their contracted services, including services that are regulated or procured by Medicaid, child caring organizations, and OHA.

Child welfare partners provide services to children and families. Service providers include the child's substitute caregiver, school, medical and mental health professionals, and other community agencies. Children with complex needs cross system boundaries and can pose a challenge to coordinating services. Caseworkers and supervisors reported some evidence of patchwork availability of services across the state. This was substantiated by focus group participants.

Meeting the behavioral health needs of children in care continues to be a struggle for CW. This is despite concerted effort to better assess, engage, and address the needs of

²¹⁸ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 710).



families. Staff report that there is still a lack of mental health treatment in the state for children with high needs. Finding high quality service providers that meet the individual needs of children is the most challenging part of providing care to the family, according to a focus group of state staff. CW is forced to rely on other systems to provide services such as addiction treatment programs, family violence treatment, and other behavioral health needs.

Three areas were identified as service gaps by focus group participants:

- Drug and alcohol treatment programs
- Prenatal care services
- Behavioral health treatment

8.2 Process Improvements

The 2021 Procedure Manual states that Oregon's child welfare system focuses on child safety and urgency of planning to meet the individual child's needs for permanency and well-being²¹⁸. Caseworkers are responsible for²¹⁵:

- Coordinating the systematic delivery of services to provide meaningful intervention and support
- Not increasing a child's isolation or sense of victimization
- Well-planned and coordinated service delivery increases the likelihood of achieving positive outcomes

Temporary adjustments were made to ODHS procedure to align with the temporary policy change with ODDS, which is currently experiencing pandemic-related critical workforce shortages impacting their services system. The corresponding Developmental Disabilities Services Policy Transmittal Number: DD-PT-21-087, issued on 9/29/21, reflects the broader ODDS temporary changes. The temporary change states:

"Due to a current staffing crisis impacting the developmental disability services system, ODHS Child Welfare procedure is being temporarily changed to reflect temporary changes in ODDS policy. Policy APD-PT-14-038 is being temporarily waived to allow greater flexibility and more timely decision-making when exploring placement options for children who are in the legal custody of Child Welfare. When Child Welfare (CW) and the Community Developmental Disabilities Program (CDDP) are working together as a team to identify a placement option that best meets the child's needs, the team may choose a DD-funded foster care placement (provided the prospective



foster provider is not a relative) without first needing to rule out the option of a CW-funded foster care placement with DD-funded In-home supports.”

The 2021 Procedure Manual contains description of flex funds for providing services to families.²¹⁹ Flex funds can be used for prevention of imminent placement of a child in foster care or a child to reunify with a parent within 30–45 days. The following expenditures are acceptable uses of flex funds: housing expenses, utility payments, transportation, necessary furnishings, and bedding needed for minimum safety and well-being of family members, necessary clothing or diapers for family members, safety items, emergency food, emergency childcare or respite care, or other. The only individuals who can authorize “other” expenditures are the district manager, Program Manager, or designee with budget authority.

8.3 Targeted Services

According to focus group participants, CW struggles to find stable placements for youth with high medical needs and significant mental health needs. Examples identified by staff include younger children with complex needs and needing targeted services or unadjudicated youth who are sexually aggressive and have no fit in the child welfare system. There is the perception among staff that there is an increase in children with developmental delays who are not well served by child welfare or juvenile justice. This speaks to a mismatch between needs and services. Caseworkers express some frustration at not being able to always provide the services children need. This concern is also reflected in survey findings where 20 percent of staff report “Never” being able to find providers for children with high needs.

The 2021 Procedure Manual contains a description of In-Home Safety and Reunification Service (ISRS).²²⁰ These services are intended to: provide immediate child protection, reduce time children spend in substitute care, and reduce the re-abuse or neglect of children. The service help parents in building additional problem-solving skills to eventually become self-sufficient, identifying strategies for predictable problems relating to child’s behavior, child safety, depression, mood stabilization, and other adult relationships. The goal is to reduce trauma to children removed from their families because of abuse or neglect by offering family-focused services starting during the assessment phase and extending into aftercare services when children return home. Services include intervention programs in the home and community and services to support and maintain

²¹⁹ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (pp.1034–1035).

²²⁰ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (pp.1040–1046).



in-home placement and services in the home, community and with the resource parent, child, and biological parents to support early reunification programs. The goals are to reduce length of stay in foster care, maintain child safety at home with their parents or caregivers, reduce re-referral and re-entry rates of families into the child welfare system, and increase timeliness to permanency.

Some of the child welfare workforce perceive Oregon as experiencing an increasing trend of transgender young adults unable to access the services they need. According to focus group participants, access to services for young adults in the LGBTQIA2S+ community is a concern, especially in Eastern Oregon.

The 2021 Procedure Manual requires that services are provided to children and families with sensitivity to culture and ethnicity and states that caseworkers are responsible for coordinating referrals to services that meet the child and family's unique cultural composition.²²¹

For children identified as having a high level of needs, the 2021 Procedure Manual has added language regarding certifying homes for children with intellectual or developmental disabilities to ensure communication between caseworker, certifier, and Community Developmental Disabilities Program service manager, as well as consideration for any additional safety measures.²²²

The 2021 Procedure Manual contains description of In-Home Safety and Reunification Service (ISRS).²²³ These services are intended to: provide immediate child protection, reduce time children spend in substitute care, and reduce the re-abuser or neglect of children. The service help parents in building additional problem-solving skills to eventually become self-sufficient, identifying strategies for predictable problems relating to child's behavior, child safety, depression, mood stabilization, and other adult relationships. The goal is to reduce trauma to children removed from their families because of abuse or neglect by offering family-focused services starting during the assessment phase and extending into aftercare services when children return home. Services include intervention programs in the home and community and services to support and maintain in-home placement and services in the home, community and with the resource parent, child, and biological parents to support early reunification programs. The goals are to reduce length of stay in foster care, maintain child safety at home with their parents or caregivers, reduce re-referral and re-entry rates of families into the child welfare system, and increase timeliness to permanency.

²²¹ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 1024).

²²² Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (pp. 836–842).

²²³ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 1041).



Families should be referred to ISRS for reunification when the purpose is to return the child home to a parent within the next 30–45 days, and to motivate and engage parents to improve and maintain parental protective capacities related to identified safety threats in the home.

Reunification Supports

Procedures and processes are intended to support the timely reunification of children. When planning for a return home, caseworkers share and use the current CANS results as part of the reunification process. At the same time, caseworkers assess parental protective capacities after services are provided to the parents. Caseworkers share CANS results with the parent(s) or current guardian and child. This will help them become aware of the needs the child is exhibiting. Caseworkers also share CANS results with others involved in the reunification process, including the child's school or mental health providers. Caseworkers discuss with the family how the parental protective capacities are, or are not, suited to meet the needs of the child. Furthermore, caseworkers discuss how the parent(s) will address those needs.

For children who are reunified, in-home services are intended to support family stability by preventing maltreatment and placement. Most workers and supervisors (43 percent) believe that CW "always" provides in-home services to families to prevent re-entry, while another 54 percent feel that these services are "sometimes" provided.



9 Case Planning

9.1 Case Plan Completion

Case planning includes identifying the specific services needed to meet each child's needs. Caseworkers need to consider all information gathered during both the child safety and protective capacity assessments, and doing so helps develop a focused, systematic, time-limited plan to meet the child's needs.

The Case Plan consists of multiple inputs, including:

- **CANS Tool.** CW has used the Child and Adolescent Needs and Strengths (CANS) Tool for years to assess needs and strengths of children and young adults to determine reimbursement rates and service plans for children and young adults, but since 2016, has expanded its use. The CANS is an evidence-based, internationally recognized assessment tool implemented in child welfare jurisdictions in all 50 states and throughout the world. CW now uses the CANS to determine applicable services and complete comprehensive case plans. Since 2016, CW began using the CANS for placement matching, reunification planning, services, and interventions, which was not the case in 2016.
- **Safety Plans.** The first safety plan, an initial safety plan, is defined as “a documented set of actions or interventions sufficient to protect a child or, if applicable, a young adult from an impending danger safety threat to allow for completion of the CPS assessment.”²²⁴ The 2021 Procedure Manual also contains three separate, but almost identical, definitions for an ongoing safety plan. The first definition defines an ongoing safety plan as “a documented set of actions or interventions that manage the safety of a child or, when applicable a young adult after Child Welfare has identified one or more impending danger safety threats at the conclusion of a CPS assessment or anytime during ongoing work with a family.”²²⁵ Oregon also uses a protective action plan defined as “an immediate, same day, short-term plan, lasting a maximum of 10 calendar days sufficient to protect from a present danger safety threat.”²²⁶
- **Permanency Plan.** The permanency plan is targeted at supporting the reunification of children with their family. Other types of case planning should occur throughout the life of a case.

²²⁴ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 1863).

²²⁵ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 1865).

²²⁶ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 1869).



- **Family Plan.** The permanency plan includes a family plan which is “a written document developed at the [Family Decision Making Meeting] that includes family recommendations on planning for the child and may include a permanency plan, concurrent permanent plan, placement recommendations, or service recommendations. The ‘family plan’ also includes expectations of the parents of the child and other family members; services the Department will provide; timeliness for implementation of the plan; benefits of compliance with the plan; consequences of noncompliance with the plan; and a schedule of future meetings if appropriate. The Family Plan described in ORS 417.375(1) is incorporated into the case plan to the extent that it protects the child, builds on family strengths, and is focused on achieving permanency for the child within a reasonable time.”²²⁷

9.2 Inclusion in Case Planning

The Vision for Transformation includes a focus on timeliness and family engagement, both of which strongly relate to case planning. The Family Report was recently introduced as a part of engaging the family in case planning. From late 2021 through spring 2022, the rate of timely completion of the initial Family Report, done within 60 days of placement, has increased from 37 percent to 52.6 percent complete, including two districts that have 100 percent completed timely.²²⁸

CFSR data show that family involvement in the case planning process has remained stable. In 2016 and 2021, cases sampled for the CFSR showed families were participating throughout the case planning process in approximately 61 percent of the cases sampled. One focus group commented that they believed families were involved in case planning.

9.3 CFSR Data

In Oregon’s 2016 CFSR, the items in Permanency Outcome 2 needed improvement as they did not meet the 95 percent threshold required for an item to be considered a strength. For placement with siblings, 89 percent of sampled cases in Oregon were a strength,²²⁹ compared with 81 percent of cases rated as a strength nationwide.²³⁰ Concerning visiting with parents and siblings in foster care, 82 percent of cases were a strength, compared

²²⁷ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 1858).

²²⁸ Oregon Department of Human Services Child Welfare Division, Annual Progress and Services Report (APSR), 2023. (June 2022).

²²⁹ Children’s Bureau: Oregon 2016 CFSR Final Report.

<https://www.oregon.gov/DHS/CHILDREN/Documents/Oregon%20CFSR%20Round%203%20Final%20Report%202016.pdf>

²³⁰ Child and Family Services Reviews Aggregate Report, Round 3: Fiscal Years 2015–2018. Children’s Bureau: <https://www.cfsrportal.acf.hhs.gov/document/download/XqXpKG>



with 62 percent nationwide, and 88 percent of cases were rated as a strength for preserving connections, compared with 67 percent nationwide. For relative placement, 77 percent of cases were marked as a strength, compared with 70 percent nationwide, and 79 percent of cases were rated as a strength for a relationship with parents, compared with 58 percent nationwide.

9.4 Vision for Transformation

Since 2016, ODHS has re-committed to engaging with the community by integrating the voices of children, young adults, parents, families, Tribal Nations, and partners to be more responsive to the needs of families and community partners. The Vision for Transformation frames the focus on strengthening and preserving connections to family and community by keeping kids home and in their community, when possible, as well as maintaining connections when placed in substitute care and prioritizing permanence. Programs such as the Oregon Kinship Navigator help build protective factors as they engage families, build skills, and identify opportunities for support.



10 Preserving and Improving Connections

10.1 Family Interaction

ODHS policy states that maintaining family contact and regular visitation is the single most important factor in supporting a child's attachments to his or her parents, siblings and other family members and can lessen both the child's and the parents' anxiety about the child being placed in substitute care.²³¹

Child Welfare provides support to the family to meet the parents' identified needs, bolster familial connections, promote reunification, and encourage success. These supports include parenting time, which, like family time, is meant to maintain, strengthen, or develop attachment between children and parents, and the frequency of this time impacts both the likelihood of parental engagement in the case plan and successful reunification. Time spent between children and parents is likely to motivate parents to engage in the case planning process and increase the likelihood of reunification. CW encourages parents' participation in caregiving responsibilities and sharing the parenting role with resource parents. This can include bath time, bedtime, and mealtime; medical appointments; school activities; cultural events and faith-based activities; community functions; and time with extended family.²³² These opportunities for parents do not require a formal "visit," and resource parents are expected to continually offer opportunities for parents to learn and practice new skills. Certification requirements state that resource parents must support the child's family and facilitate connections between the child and their siblings and parents. When resource parents renew their certification, they must demonstrate that they have worked with the child's family and share what worked and what could be improved.²³³

National best practices for family time²³⁴ are outlined in the table below, along with Oregon's practice.

Table 27. Best Practices Related to Ensuring Adequate Family Time

Best Practice	2016 Oregon Practice	2022 Oregon Practice
Family time is a right, not a privilege: family time is a fundamental right for children and	Meets best practice: <ul style="list-style-type: none">An appendix to Oregon's Procedure Manual states that "visitation should	Exceeds best practice: <ul style="list-style-type: none">ODHS policy on prohibiting visits mirrors the 2016

²³¹ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 898).

²³² Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 505).

²³³ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 1579).

²³⁴ Casey Family Programs: <https://www.casey.org/family-time/>



Table 27. Best Practices Related to Ensuring Adequate Family Time

Best Practice	2016 Oregon Practice	2022 Oregon Practice
should not be used as a bonus or reward.	<p>never be used as a reward or punishment,”²³⁵ and that any changes in visitation arrangements should reflect the risk assessment and progress toward the child’s permanency goal, not any attempts to reward or punish either the child’s or parent’s behavior.</p> <ul style="list-style-type: none">• The 2016 policy language includes reasons to prohibit visits, including when there is reason to believe the acts or omissions of a parent or guardian would result in abuse or neglect, the child or young adult’s safety cannot be managed by supervision, the visit does not meet the child or young adult’s best interest, or if a court order prohibits it. The policy also clearly states that visits cannot be canceled solely due to the act or omission of a parent unrelated to the safety or	<p>Procedure Manual language.²³⁸</p> <ul style="list-style-type: none">• ODHS policy continues to require arrangement for “Special Visitation Considerations.”²³⁹• Oregon’s administrative rule language, updated in July 2022, states that children and young adults have the right to visit with their parents, guardian, and siblings in substitute care as often as reasonably necessary to maintain and enhance their attachment.²⁴⁰

²³⁵ Oregon Procedure Manual 2016, Appendix 4.15:

http://www.dhs.state.or.us/caf/safety_model/procedure_manual/appendices/ch4-app/4-15.pdf

²³⁸ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 899).

²³⁹ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 903).

²⁴⁰ OAR 413-070-0830: http://www.dhs.state.or.us/policy/childwelfare/manual_1/division_70.pdf



Table 27. Best Practices Related to Ensuring Adequate Family Time

Best Practice	2016 Oregon Practice	2022 Oregon Practice
	well-being of a child during that visit. ²³⁶ <ul style="list-style-type: none">• The 2016 Procedure Manual includes “Special Visitation Considerations,” requiring visits with extended family members, including siblings, teachers, coaches, pastors, rabbis, or neighbors, to maintain children’s connections to their families, culture, and communities as this is important for the child’s well-being.²³⁷	
Focus of family time: children should be able to spend time building connection with their parents, siblings, and extended family, and not be focused on “visitation.”	Meets best practice: <ul style="list-style-type: none">• The 2016 Procedure Manual states that maintaining family contact and regular visitation is the single most important factor in supporting a child’s attachments to his or her parents, siblings and other family members and can lessen both the child’s and the parents’ anxiety about the child being placed in substitute care.²⁴¹	Meets best practice: <ul style="list-style-type: none">• ODHS policy continues to meet best practices in that it reiterates that maintaining family contact and regular visitation is the single most important factor in supporting a child’s attachments to his or her parents, siblings and other family members and can lessen both the child’s and the parents’ anxiety about the child being placed in substitute care.²⁴³

²³⁶ 2016 Oregon Procedure Manual, Chapter 4 – Services to Children, (pp. 2–3).

²³⁷ 2016 Oregon Procedure Manual, Chapter 4 – Services to Children, (p .7).

²⁴¹ 2016 Oregon Procedure Manual, Chapter 4 – Services to Children, (p. 1).

²⁴³ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 898).



Table 27. Best Practices Related to Ensuring Adequate Family Time

Best Practice	2016 Oregon Practice	2022 Oregon Practice
	<ul style="list-style-type: none">• The 2016 Procedure Manual requires the creation of a visit and contact plan when a child first enters substitute care or by the time of the first court hearing, whichever is first.• 2016 ODHS Policy requires including “a timeframe for regular review and revision of the visit and contact plan,” and states that the review must be part of the 90-day case plan review.²⁴²• 2016 ODHS Policy requires documentation of family and other visitation contacts, and includes the date, time, and length of visit, the participants, activities that occurred, any missed visits and the reasons, and any visits that were interrupted or ended early, along with the reasons.	<ul style="list-style-type: none">• ODHS requires the creation of a Visit and Contact Plan as part of every case plan, which is developed at the time of removal. This plan is reviewed to ensure that visits and contacts are happening as planned and that visitation and contacts conform with the ongoing safety plan. The requirement to establish this plan is a strength in that it requires focusing on sustaining connections between children and their families.• However, the child welfare field is moving away from using the words “visitation” and “visitation plans” as they can imply that each family receives a standardized amount of time together. The Children’s Bureau, in a 2020 Information Memorandum,²⁴⁴ suggests a shift from “visits” to “family time” to prioritize the importance of the time that children spend with their parents, siblings, and other family members.

²⁴² 2016 Oregon Procedure Manual, Chapter 4 – Services to Children, (p. 3).

²⁴⁴ ACYF-CB-IM-20-02: <https://www.acf.hhs.gov/sites/default/files/documents/cb/im2002.pdf>



Table 27. Best Practices Related to Ensuring Adequate Family Time

Best Practice	2016 Oregon Practice	2022 Oregon Practice
		<ul style="list-style-type: none">• Monthly face-to-face contact notes must describe progress on the case plan, including how the child's team is supporting attachment to the child's parents, siblings, and other natural supports.²⁴⁵
<p>Frequency of family time: typically, the goal is to increase the number and duration of family time to prepare for reunification. Research shows that regular, meaningful family time enhances outcomes for children and families, including timely reunification.²⁴⁶ Family time should occur within 24–48 hours of removal and should occur as often as possible.</p>	<ul style="list-style-type: none">• Meets best practice:• The 2016 Procedure Manual states that “frequent high-quality visits support parental engagement and motivation for change.”²⁴⁷• The 2016 requirement for the first visit is within a week of the child's placement in substitute care, preferably within the first 48 hours of entering care.	<p>Exceeds best practice:</p> <ul style="list-style-type: none">• The 2021 ODHS policy also states that “frequent high-quality visits support parental engagement and motivation for change.”²⁴³• ODHS policy continues to require that the first visit occurs within a week of the child's placement in substitute care, preferably within the first 48 hours.²⁴⁸• As part of co-case management between a CPS caseworker and a permanency caseworker, the permanency caseworker reviews the Visit and Contact Plan (created by the CPS caseworker) to “ensure there is as much contact as possible with the parents

²⁴⁵ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 633).

²⁴⁶ ACYF-CB-IM-20-02: <https://www.acf.hhs.gov/sites/default/files/documents/cb/im2002.pdf>

²⁴⁷ 2016 Oregon Procedure Manual, Chapter 4 – Services to Children, (p. 1).

²⁴⁸ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (pp. 898–899).



Table 27. Best Practices Related to Ensuring Adequate Family Time

Best Practice	2016 Oregon Practice	2022 Oregon Practice
		knowing that frequent contact promotes timely reunification and is good for the parents and the child.” ²⁴⁹
Involving the appropriate people: family time has evolved from supervised visits to quality time that promotes connections and includes many members of a child’s extended family and community members.	Meets best practice: <ul style="list-style-type: none"> The 2016 Procedure Manual requires involving the parents in planning for visits, and states it is important to invite the child’s substitute caregivers, the child, and other relevant people (the child’s attorney, CASA, therapist, or relatives) to participate in planning for parent–child contact.²⁵⁰ 	Meets best practice: <ul style="list-style-type: none"> ODHS policy continues to require requires involving the parents, the child, the child’s caregivers, and other relevant people (the child’s attorney, CASA, therapist, or relatives) to participate in planning for parent–child contact.²⁵¹
Caregiver involvement: resource parents can help children prepare for and transition back to their homes following family time. Caregivers can provide transportation and, if appropriate, can offer coaching or support to the child’s parents.	Exceeds best practice: <ul style="list-style-type: none"> The 2016 Procedure Manual requires that caseworkers discuss with resource parents that children may have varying reactions to time with their families and that the child may express their feelings through behaviors rather than through 	Exceeds best practice: <ul style="list-style-type: none"> ODHS policy requires the same discussion with caseworkers about children’s varying reactions to time with their families and that these reactions are normal and are not grounds for limiting visitation.²⁵³ ODHS caseworkers continue to be responsible for

²⁴⁹ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 433).²⁵⁰ 2016 Oregon Procedure Manual, Chapter 4 – Services to Children, (p. 1).²⁵¹ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 898).²⁵³ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (pp. 899–900).



Table 27. Best Practices Related to Ensuring Adequate Family Time

Best Practice	2016 Oregon Practice	2022 Oregon Practice
	words. These reactions are normal and are not grounds for limiting visitation. ²⁵² <ul style="list-style-type: none">• The 2016 policy requires the caseworker to explain benefits to resource parents, including healthy attachment, strengthening of the parent–child relationship, easing the pain of separation and loss for the child, helping provide motivation for parents, and allowing parents to learn and practice new skills.²⁵²• The 2016 policy supports resource parents in prioritizing visits between siblings when the visits are safe and in the child’s best interests.²⁵²	explaining the benefits of frequent visitation to resource parents. ²⁵³ <ul style="list-style-type: none">• ODHS continues to support resource parents in prioritizing visits with a child’s siblings when such visits are safe and in the child’s best interests.²⁵³

Oregon’s statutory language, updated in July 2022, states that children and young adults have the right to visit with their parent, guardian, and siblings while in substitute care, as often as reasonably necessary to maintain and enhance their attachment.²⁵⁴

ODHS policy outlines reasons to prohibit visits, including when there is reason to believe the acts or omissions of a parent or guardian would result in abuse or neglect, the child or young adult’s safety cannot be managed by supervision, the visit does not meet the child or young adult’s best interest, or if a court order prohibits it. Policy also clearly states that visits cannot be canceled solely due to the act or omission of a parent that is unrelated to the safety or well-being of a child during that visit.²⁵³

²⁵² 2016 Oregon Procedure Manual, Chapter 4 – Services to Children, (p. 3).

²⁵⁴ OAR 413–070–0830: http://www.dhs.state.or.us/policy/childwelfare/manual_1/division_70.pdf



ODHS policy also requires arrangements for visits with extended family members, including siblings, teachers, coaches, pastors, rabbis, or neighbors, to maintain children's connections to their families, culture, and communities as this is important for the child's well-being.²⁵⁵

ODHS requires the creation of a Visit and Contact Plan as part of every case plan, which is developed at the time of removal. The requirement to establish this plan is a strength in that it requires focusing on sustaining connections between children and their families:

- The Plan must be reviewed every 90 days as part of the case plan review and can be reviewed more frequently. This plan is reviewed to ensure that visits and contacts are happening as planned and that visitation and contacts conform with the ongoing safety plan. This review includes examining how any changes in the parents' protective capacities impacted supervision of visits, whether the visitation plan meets the child's safety and well-being needs and if it is the least restrictive plan, what opportunities exist for the child to visit with other family members, and whether the visitation plan supports progress toward the conditions for return and achieving the case plan and permanency plan goal.
- However, the child welfare field is moving away from using the words "visitation" and "visitation plans" as they can imply that each family receives a standardized amount of time together. The Children's Bureau, in a 2020 Information Memorandum,²⁵⁶ suggests a shift from "visits" to "family time" to prioritize the importance of the time that children spend with their parents, siblings, and other family members. Despite the use of the outdated "visit" language, the intention of this plan is to ensure children remain connected to their families and that their time together supports the achievement of their permanency goal.
- The Visit and Contact Plan also focuses on interactive face-to-face contact, and can be supplemented by phone calls, letters, emails, and sharing pictures and gifts.²⁵⁷ Caseworkers have been creative in facilitating sibling and family interaction, using technology such as FaceTime when children cannot be in person with siblings.
- If for some reason visits do not occur between a child or young adult and their parent(s), visits between siblings should continue to occur regularly unless there is a safety risk or threat to the child or young adult's well-being.²⁵⁸ The Visit and Contact Plan ensures "Siblings are able to visit one another if they are not in the same substitute care setting or if some siblings are in the parents' home."²⁵⁹ Focus

²⁵⁵ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 903).

²⁵⁶ ACYF-CB-IM-20-02: <https://www.acf.hhs.gov/sites/default/files/documents/cb/im2002.pdf>

²⁵⁷ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 898).

²⁵⁸ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 899).

²⁵⁹ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021. (p. 433).



group participants mentioned that facilitating contact between children and young adults placed separately can be a challenge despite their best intentions and efforts.

When parents have met the conditions for return and reunification, the caseworker must “prepare the child for the return home.”²⁶⁰ As part of co-case management between a CPS caseworker and a permanency caseworker, the permanency caseworker will review the Visit and Contact Plan (created by the CPS caseworker) to “ensure there is as much contact as possible with the parents knowing that frequent contact promotes timely reunification and is good for the parents and the child.”²⁶¹

CW has specific policy language focused on supporting family interaction, including considering the child’s best interests. Several states, including Oregon, incorporate emotional ties between children, their families, and caregivers as part of the best interest determination. Oregon’s statutes require the inclusion of the child or young adult as developmentally appropriate and the parent or guardian in identifying placement resources and requires diligent efforts to place siblings together unless joint placement is not in any of the children’s best interests.²⁶²

CW has taken several steps to address obstacles to family interaction:

- Resource parents do not always have the resources or availability to transport children and young adults to family visits. However, some Oregon districts have volunteer supports and community organizations providing children transportation. Marion County is working with the Children’s Public Private Partnership, CP3, to pilot a volunteer driver program to increase family interaction frequency and expedite reunification in 2022.²⁶³
- Some agencies do not have a space where families can spend time or play together, and it is a challenge for families to have meaningful interaction in an office space or conference room. However, many local branches have redecorated their visitation rooms. CW has an ADA Coordinator who has begun working with branches to create a room designed for individuals and families with sensory concerns. For those districts without updated visitation rooms, many are in the process of creating more welcoming spaces for families. CW has removed cameras from visit rooms, and the leadership continually encourages local teams to consider why family interaction needs to be supervised. These efforts and improvements to creating safe and warm spaces for families increases their ability to engage with each other and strengthen their relationships.

²⁶⁰ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 546).

²⁶¹ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 433).

²⁶² OAR 413–070–0600: http://www.dhs.state.or.us/policy/childwelfare/manual_1/division_70.pdf

²⁶³ Children’s Public Private Partnership (CP3). <https://www.cp3oregon.org/programs>



- Policy dictates that children are not supposed to miss school or their extracurricular activities for family interaction unless scheduling otherwise is impossible,²⁶⁴ which does not leave much time to schedule those visits. One focus group participant shared that a judge in their district ordered six hours of family time per parent for each child in the family, which is difficult to schedule around school and other responsibilities.

10.2 Relative Placements

One of the pillars of the first guiding principle of the Vision for Transformation is a focus on strengthening and preserving connections with family and community “by keeping children and young adults safely in their own home and communities whenever possible; maintaining connections to family, culture, and community when temporary substitute care is needed; and making permanency the priority, starting with safely reunifying families.”

The definition of kith is broad to include multiple options. According to the CW Procedure Manual, kith is defined as “a person not related to the child by blood or through legal means but are identified by the child or the family and are considered by the child or child’s family as a relative.”²⁶⁵ CW has a process to complete an immediate, Temporary Certification for same day placements in crisis situations. This allows certifiers to conduct criminal background checks and check references. Some participants felt that the background check requirements are too stringent for some criminal history. They felt that the criteria should be more flexible for certain crimes due to the urgent need for placement options and the desire to place with relatives and kith.

A Chapin Hall study showed that children initially placed with relatives are the least likely to experience placement changes for their time in substitute care.²⁶⁶ Another review of relative placements scanning over 100 studies concluded that children in kinship care experience improved behavioral development and mental health functioning outcomes in addition to placement stability.²⁶⁷

²⁶⁴ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 900).

²⁶⁵ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 1554).

²⁶⁶ Chapin Hall. (Dec 2007). Foster Care Dynamics 2000–2005: A Report from the Multistate Foster Care Data Archive. <https://fcda.chapinhall.org/wp-content/uploads/2013/10/Foster-Care-Dynamics-2000-2005.pdf>

²⁶⁷ Winokur, M., Holtan, A., and Batchelder, K.E. (March 2014). Kinship Care for the Safety, Permanency, and Well-Being of Children Removed from the Home for Maltreatment: A Systematic Review. <https://doi.org/10.4073/csr.2014.2>



Data from the Annie E. Casey Foundation²⁶⁸ show that kinship placements increased from 25 to 34 percent nationally from 2007–2020, and placement in non–relative foster care decreased from 46 to 45 percent nationally. That same snapshot illustrates the increasing trend of the use of kinship care in Oregon as well, as relative foster home use went up from 32 to 34 percent from 2019 to 2020, giving Oregon one of the higher rates of kinship use in the country.

When children are placed into non–relative substitute care, CW “must continually consider ways in which relatives and persons with a caregiver relationship can be engaged in case planning, safety planning, placement, and ongoing support.”²⁶⁹ This includes periodically reviewing CW’s diligent efforts to place children with a relative or person with a caregiver relationship, including asking whether siblings are placed together, and if not, what can be done to place them together and what is being done to maintain contact between siblings. These diligent efforts are required by the courts and are in Oregon Administrative Rule (OAR 413–070–0069) as well. During this review, caseworkers will consider whether the child or young adult has been given every possible opportunity to be reunified with an in–home safety plan, be placed with a relative or siblings, or to have ongoing connection with their family.²⁷⁰

The 90–day Child Welfare Case Plan review must include an update on the search for relatives, a review of the visitation plan, and consideration of a child or young adult’s siblings.²⁷¹ The search for relatives is ongoing during the child’s case, and as part of this review, caseworkers will identify relatives who have been identified and contacted, how they have responded, what connections they wish to have with the child, whether it is appropriate to contact them again, and if they are able to participate in the child’s life even if they cannot serve as a placement or adoptive resource. This ongoing review is critical, as relatives’ ability to engage with and potentially act as placement resources may change over time.

Kinship providers are eligible to receive a Temporary Assistance for Needy Families (TANF) grant for a child. Still, less than 12 percent of caregivers receive this²⁷², at least in part because providers typically have to assign the state the right to collect child support from

²⁶⁸ The Annie E. Casey Foundation. Kids Count Data Center:

<https://datacenter.kidscount.org/data/line/6247-children-in-foster-care-by-placement-type?loc=1&loct=2#2/2-8/false/574,1729,37,871,870,573,869,36,868,867/asc/2622,2621,2623,2620,2625,2624,2626/12995>

²⁶⁹ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 741).

²⁷⁰ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 742).

²⁷¹ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (pp. 520–525).

²⁷² Chapin Hall. Kinship Care Leads to Better Outcomes for Children.

<https://www.chapinhall.org/project/kinship-care-leads-to-better-outcomes-for-children/>



the child's birth parents.²⁷³ Many relatives hesitate to do so as this can compound the stress and trauma on the birth parents and leave kinship providers with less financial resources while caring for a child. The federal government allows states to waive that requirement for a good cause. While the Oregon Kinship Navigator website (<https://oregonkinshipnavigator.org>) outlines the TANF program in Oregon, it does not share information regarding a waiver to the child support requirement.

10.3 Sibling Connections

Children placed with their siblings or whose connections with siblings are maintained while in substitute care experience similar positive outcomes as those placed with relatives, leading to improved well-being and permanency outcomes. Children placed with siblings have more placement stability than children placed separately from any or all their siblings.²⁷⁴ There is some evidence that placement with siblings improves permanency through reunification, guardianship, and adoption.

Oregon prioritizes placing sibling groups together appropriately and in their home communities when possible. When an immediate substitute care placement is necessary, caseworkers are required to determine whether siblings can be placed together, and if they cannot, arrangements must be made and documented in the Temporary Visit and Contact Plan regarding visitation with siblings.²⁷⁵ ODHS policy encourages caseworkers to “act quickly” when the initial placement does not allow siblings to be placed together due to a lack of capacity in the placement resources available at the time of initial placement.²⁷⁶ When choosing a placement, the procedure requires placement with relatives and keeping siblings together whenever possible (when in the best interests of the children).²⁷⁷ If siblings are not able to be placed together, CW requires efforts to be made to reunite them as soon as possible, and in the interim, document routine contact and visitation in temporary visits, ongoing visits, and contact plans. When caseworkers cannot place siblings together, the procedure requires caseworkers to “document explanations of... how the placement preserves the child's connections and attachments including proximity to the child's biological family, including siblings and the child's school.”²⁷⁸ CW policy states

²⁷³ Generations United. (2020). TOOLKIT African American Grandfamilies: Helping Children Thrive Through Connection to Family and Culture. <https://www.gu.org/resources/african-american-grandfamilies-helping-children-thrive-through-connection-to-family-and-culture/>.

²⁷⁴ Sattler KMP, Font SA, Gershoff ET. Age-specific risk factors associated with placement instability among foster children. *Child Abuse Negl.* 2018 Oct;84:157–169. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7357603/>

²⁷⁵ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 718).

²⁷⁶ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 719).

²⁷⁷ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 722).

²⁷⁸ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 492).



that children's separation from siblings to be placed into foster care is considered temporary.

It is generally in children's best interest to be placed together when considering adoption. In situations where siblings are separated for adoption, caseworkers must have "compelling reasons" to request permission from the CW Permanency Committee to separate siblings in need of adoptive resources, and these requests require Program Manager Approval.²⁷⁹ This request must be documented in OR-Kids and include information supporting the separation, and the caseworker will be expected to present the request to the Permanency Committee.

Focus group participants shared that they attempt to place children with their siblings, but they cannot do this as often as they would like due to differing needs of the children, best interests of the children, or differing capacities of the providers. Some focus group participants mentioned that placing siblings in the same home can be a detriment to some children if they have differing levels of need. Siblings can disrupt placements more as groups than they may have individually and can cause the need for placement changes for multiple children. It can be difficult to place children together if they are not jointly placed from the initial placement, as moving children causes placement disruptions for some of them. Focus group participants mentioned that it becomes harder to bring children together once you separate children in placements. The survey reflected the difficulty in consistently placing siblings together. The 2022 survey questioned whether CW facilitates contact between siblings according to the case plan. Responses show that this happens most of the time, with 51 percent of respondents sharing that it happens sometimes and 48 percent stating that it always occurs. Less than two percent of respondents shared that sibling contact never occurs according to the plan.

The Oregon legislature codified the Foster Children's Sibling Bill of Rights²⁸⁰ in May 2017 (and associated rules²⁸¹ were effective January 1, 2018) to give children and young adults in foster care rights designed to protect and strengthen bonds with their siblings.

The Foster Children's Sibling Bill of Rights includes:

- Caseworkers provide children and young adults with documentation of their rights and a verbal explanation of their rights (in an age and developmentally appropriate manner) within 60 days of being placed in substitute care and of any placement change, at least annually.

²⁷⁹ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 1255).

²⁸⁰ Oregon Foster Children's Bill of Rights:

<https://sharedsystems.dhsoha.state.or.us/DHSforms/Served/de9014a.pdf>

²⁸¹ Oregon Foster Children's Sibling Bill of Rights, ORS 418.608:

https://oregon.public.law/statutes/ors_418.608



- Siblings have the right to be placed together whenever safe and appropriate. When this placement does not occur, the caseworker must continue to work toward joint placement.
- Siblings have a right to have a Sibling Visit and Contact Plan and be actively engaged in the plan's development.
- Children and young adults have the right to be immediately notified of specific changes and life events of siblings in ODHS custody, including placement and placement changes, catastrophic events, and emergencies.
- Children and young adults have the right to have continued contact encouraged in any adoptive or guardianship placement when safe and appropriate.
- Children and young adults in ODHS custody may have other rights not specified and as appropriate to the child or young adult's age and developmental stage.

Caseworkers must consider a child's siblings at various points in the case process, including inviting a child's siblings "who can support the young adult's goals, answer questions, and assist with decision-making²⁸² to a Youth Decision Meeting (YDM). A YDM can also include a family and permanency team meeting in which the team can determine their placement preferences and discuss how the preferred placement meets the child or young adult's needs, including the need for siblings to be placed together. In addition, caseworkers are required to provide young adults with a Transitions Tool Kit when the young adult is reaching independence, and the court dismisses custody. The Transition Tool Kit includes, among other things, the location and status of the young adult's siblings and their contact information.²⁸³ Each child's case plan must also outline whether siblings are in the same placement, and if not:²⁸⁴

- Why not? (Lack of placement resources, safety issues, different level of care needs currently?)
- What is being done to address issues that contribute to siblings being apart?
- How has Child Welfare conveyed to all involved that sibling separation should be temporary?
- What efforts are being made to reunite siblings?
- In what ways are sibling connections being maintained (siblings visit at weekly parent-child visits and every other week facilitated by foster parents, phone calls, letters, etc.)?

²⁸² Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 483).

²⁸³ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 962).

²⁸⁴ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 496).



- If siblings are placed together, are there any issues that may threaten continued placement together?
- If so, what is being done to address this to preserve the sibling placement together?
- Orders of the court and the efforts ODHS is making toward meeting those orders.

The 90-Day Case Plan Review must also state whether siblings are placed together, and if so, what services are in place to address any supervision or therapeutic issues, and if they are not placed together, what efforts are underway to place them together and keep them connected. In addition, the review asks if a permanency committee has recommended that it is not in the children's best interest to be placed together, and if so, what efforts are ongoing to assess their need for connection and how that is being facilitated.²⁸⁵

10.4 Community Connections

CW procedure requires that placement decisions include considerations of community connections. At the first 30-day contact with a substitute caregiver, ODHS involves an assessment of whether the caregiver meets the statutory placement preferences of keeping the child or young adult near their parents and their community, keeping siblings together, and supporting the child's culture and family identity. Suppose the caregiver or placement does not meet any of these preferences (and additional caregiver criteria). In that case, the placement decision will be reevaluated, and the worker will determine whether this placement is in the child's or young adult's best interest.²⁸⁶ A similar review is done during the 90-day review of the child's substitute care placement. The policy also requires that, when assessing prospective substitute care providers, one consideration is whether that person can meet the child's education needs, including the "child's needs to continue in the same school or educational placement."²⁸⁷ The provider's ability also factors into the determination of the least restrictive placement. Maintaining connections to a child or family's faith is also included in CW procedure, and members of the child's faith-based community must be included in Family Engagement Meetings, Youth Decision Meetings, and assessments of parental capacity.²⁸⁸

CW engages the community through the Parent Advisory Council (PAC) of Oregon, which includes parents who have been involved with child welfare, who are in recovery, and who are now community leaders. The PAC meets monthly with state child welfare leadership and provides feedback to ODHS on new initiatives, concepts, and documents based on

²⁸⁵ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (pp. 523–524).

²⁸⁶ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 725).

²⁸⁷ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 721).

²⁸⁸ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (pp. 444, 451, 474, 483, 667).



their lived experience; and since 2020, has led training, shared their stories, and answered questions for new resource families throughout Oregon. The PAC allows the voice of lived experience to further permeate the decision-making process at every level of child welfare in Oregon and highlights the expertise within families. The culturally diverse Parent Advisory Council includes members from six CW districts, and shares information via a Facebook page and through a bimonthly newsletter.

Oregon statute requires “state agencies to develop and implement policy on relationships with Tribes” and “cooperation with Tribes.”²⁸⁹ These policies must promote communication between the state agency and Tribes and positive government-to-government relationships. ODHS is also currently revising its Tribal Consultation Policy to ensure the inclusion of the Tribes in the development of ODHS policies and programs that impact Tribes, establish communication pathways, and build trust, respect, and shared responsibility.

During the 90-Day Staffing, supervisors must review permanency goals for children to determine whether they have stability and permanence in their living situations. They must check the current placement to determine if it is stable and the most appropriate and least restrictive option for that child. Supervisors must also review tribal placement preferences and whether connections to the child’s family, siblings, community, culture, and faith are being maintained. They must also consider whether visitation can be increased and if children and young adults are visiting their siblings while in this placement.²⁹⁰

²⁸⁹ Oregon State Administrative Agencies, Relationships of State Agencies with Indian Tribes. ORS 182.162 to ORS 182.168. https://www.oregonlegislature.gov/bills_laws/ors/ors182.html

²⁹⁰ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 688).



11 Staffing Resources

11.1 Staff Recruitment and Retention

Assessment participants report that high turnover is a detriment to CW. Assessment participants felt like turnover was high, but the data do not support this. They may be feeling the effects of employee absences, new employees being onboarded and not yet having a full caseload, the severity of cases in their caseload, or other COVID-19 stressors contributing to the feeling of overwhelm among staff.

11.2 Caseload Management

The Oregon Department of Human Services ORS 409.161 Workload Report, June 15, 2021, stated that staffing increases are not the only answer for improving outcomes. “Child Welfare is being responsive to staffing by creating management tools to inform the current state (including the Caseload Dashboard) and redesign workforce training and workforce development programs and tools to build engagement, increase retention, and provide ongoing support for the workforce.”²⁹¹

Despite the data regarding low caseload numbers, many assessment participants reported feeling overwhelmed by their workload. This may be due to the severity of the needs of the children. Staff turnover and worker absences (due to COVID-19 and other factors) may also increase the burden on some staff and contribute to the feeling of overwhelm. Additionally, assessment participants shared that too many assignments coming from ORCAH make safety management challenges. Children in care and individual cases have varying needs and degrees of severity, which means that a caseworker with five high-needs cases could have a higher workload than a caseworker with ten children in safe and stable placements. Workloads are balanced to the best of CW’s ability.

In addition to information shared in Section 4.11, Oregon’s Caseload Ratio Standards include standards for staff supervision, outlined in the table below.

Table 28. Oregon Frontline Support Staff Supervision Ratio Standards

Frontline Support Staff Supervision Ratios	
Frontline Supervisor (PEMC)	1:7 SSS1 + 1:12 SSA, PLG
Case Aid (SSA)	1:7 SSS1
Social Services Assistant (SSA)	1:7 SSS1
Paralegal (PLG)	1:28 SSS1

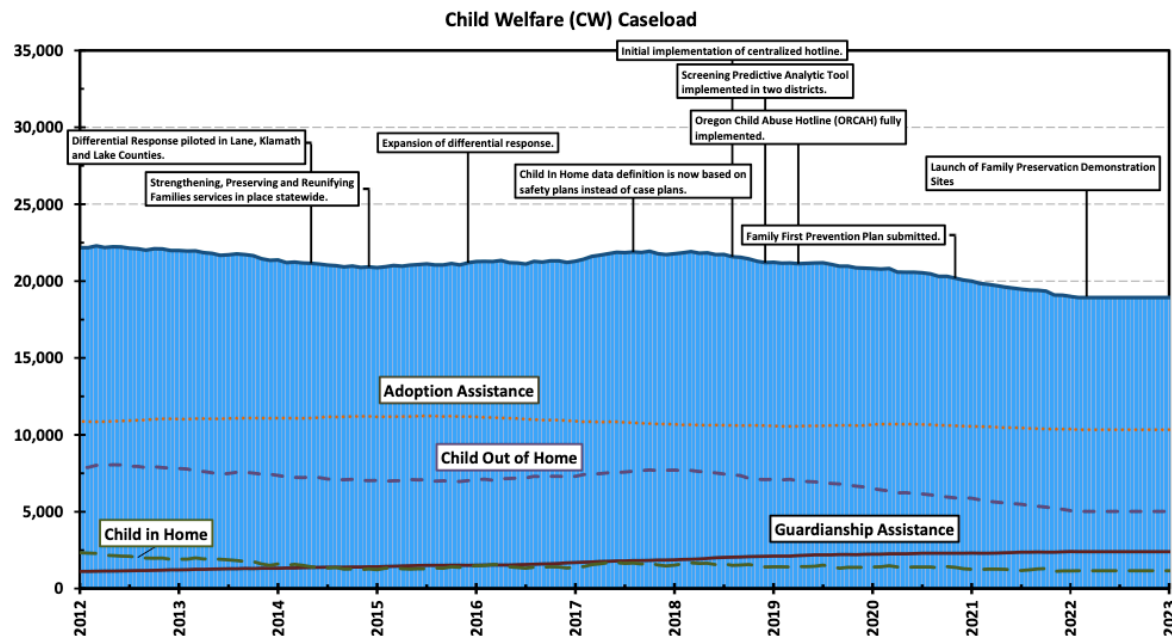
²⁹¹ Oregon Department of Human Services ORS 409.161 Workload Report, 6/15/2021.



FRS/IV-E Specialists	1:200 FC/Adoption cases
Office Support (OS2)	1:3 SSSI
Office Manager (OM3)	1:12 OS2

The graphic below illustrates trends of CW caseloads over the past ten years in various areas of the child welfare system.

Figure 21. CW Caseload Trends²⁹²



11.3 Training and Coaching

Survey responses were mixed regarding the training caseworkers and supervisors receive. Most respondents felt that CW trains caseworkers to conduct assessments and case planning before working with families on an ongoing basis. Staff were evenly split on responses regarding receiving training on working with providers, with approximately 40 percent stating that this training is offered and the same percentage expressing uncertainty. Survey results show 63 percent of supervisors and caseworkers agree that child welfare provides training and coaching to staff in assessing individuals, including children and families.

In addition to Essential Elements, caseworkers have training requirements including:

- On-the-job opportunities to increase the transfer of learning

²⁹² <https://www.oregon.gov/odhs/data/pages/forecasting.aspx>



- Curricula that must be completed within six months and one year of hire
- Topic-specific courses for certifiers and adoption workers
- Role-based training for assessment workers, screeners, permanency workers, certifiers, and adoption workers

Staff in the safety, permanency, and foster care programs attend quarterly training on safety or other specific components of their work. According to interviewees, CW wants to establish a formal learning path that encourages workers to take courses to develop skills in defined areas, such as interviewing or documentation, and increases clarity on the promotional path. CW does not want to require a mandatory learning path or a set number of courses per year. Safety Consultants conduct quarterly trainings via safety labs or train specific safety issues based on data.



Appendix B: Key Terms

These definitions clarify the meaning of operative terms included in the research questions, inquiry questions, and throughout the methodology. Sources are included for reference. Where possible PK used a definition from Oregon CW policy or Oregon statute. Those definitions attributed to Public Knowledge® indicate that PK developed a definition based on experience and expertise.

Term	Definition	Source
Abuse [Can also refer to Maltreatment or Neglect]	<p>Abuse: (a) For purposes of screening a report of “abuse” of a child subject to ORS 419B.005, “abuse” means any of the following, except that “abuse” does not include reasonable discipline unless the discipline results in one of the conditions described in this subsection.</p> <p>Mental Injury. Any mental injury to a child, which includes only observable and substantial impairment of the child’s mental or psychological ability to function caused by cruelty to the child, with due regard to the culture of the child.</p> <p>Neglect. (i) Negligent treatment or maltreatment of a child, including, but not limited to, the failure to provide adequate food, clothing, shelter, or medical care that is likely to endanger the health or welfare of the child.</p> <p>(ii) Buying or selling a person under 18 years of age as described in ORS 163.537. (iii) Permitting a person under 18 years of age to enter or remain in or upon premises where methamphetamines are being manufactured. (iv) Unlawful exposure to a controlled substance, as defined in ORS 475.005, or to the unlawful manufacturing of a cannabinoid extract, as defined in ORS 475B.015, that subjects a child to a substantial risk of harm to the child’s health or safety.</p> <p>Physical Abuse. Any assault, as defined in ORS chapter 163, of a child and any physical injury to a child which has been caused by other than</p>	<p>http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (pp.1944–1945)</p>



Term	Definition	Source
	accidental means, including any injury which appears to be at variance with the explanation given for the injury.	
	Sexual Abuse. (i) Rape of a child, which includes, but is not limited to, rape, sodomy, unlawful sexual penetration and incest, as described in ORS chapter 163. (ii) Sexual abuse, as described in ORS chapter 163. (iii) Sexual exploitation, including, but not limited to: (I) Contributing to the sexual delinquency of a minor, as defined in ORS chapter 163, and any other conduct which allows, employs, authorizes, permits, induces, or encourages a child to engage in the performing for people to observe or the photographing, filming, tape recording, or other exhibition which, in whole or in part, depicts sexual conduct or contact, as defined in ORS 167.002 or described in ORS 163.665 and 163.670, sexual abuse involving a child or rape of a child, but not including any conduct which is part of any investigation conducted pursuant to ORS 419B.020 or which is designed to serve educational or other legitimate purposes; and (II) Allowing, permitting, encouraging, or hiring a child to engage in prostitution as described in ORS 167.007 or a commercial sex act as defined in ORS 163.266, to purchase sex with a minor as described in ORS 163.413 or to patronize a prostitute as described in ORS 167.008.	
	Threat of harm to a child, which means subjecting a child to a substantial risk of harm to the child's health or welfare. (b) For purposes of screening a report of abuse of a child or young adult living in a home certified by Child Welfare or ODDS, unless the abuse alleged is familial, "abuse" means any of the following: (A) Abandonment, including desertion or willful forsaking of a child or young	



Term	Definition	Source
	<p>adult, or the withdrawal or neglect of duties and obligations owed a child or young adult by a home certified by Child Welfare or ODDS, a caregiver, or other person. (B) Financial exploitation. (i) Financial exploitation includes: (I) Wrongfully taking the assets, funds, or property belonging to or intended for the use of a child or young adult. (II) Alarming a child or young adult by conveying a threat to wrongfully take or appropriate moneys or property of the child or young adult if the child would reasonably believe that the threat conveyed would be carried out. (III) Misappropriating, misusing, or transferring without authorization any moneys from any account held jointly or singly by a child or young adult. (IV) Failing to use the income or assets of a child or young adult effectively for the support and maintenance of the child or young adult. (ii) Financial exploitation does not include age-appropriate discipline that may involve the threat to withhold, or the withholding of privileges. (C) Involuntary seclusion. Involuntary seclusion means confinement of a child or young adult alone in a room from which the child or young adult is physically prevented from leaving. (i) Involuntary seclusion includes: (I) Involuntary seclusion of a child or young adult for the convenience of a home certified by Child Welfare or ODDS or a caregiver; (II) Involuntary seclusion of a child or young adult to discipline the child or young adult; (ii) Involuntary seclusion does not include age-appropriate discipline, including but not limited to a time-out. (D) Neglect, which includes: (i) Failure to provide the care, supervision, or services necessary to maintain the physical and mental health of a child or young adult; or (ii) The failure of a home certified by Child Welfare or ODDS, a caregiver, or</p>	



Term	Definition	Source
	other person to make a reasonable effort to protect a child or young adult from abuse. PUBLIC KNOWLEDGE® Physical abuse, which includes: (i) Any physical injury to a child or young adult caused by other than accidental means, or that appears to conflict with the explanation given of the injury; or (ii) Willful infliction of physical pain or injury upon a child or young adult.	
Accepted Professional Standards	PK uses the following accepted professional standards for the definitions in this document and the research questions: <ul style="list-style-type: none">• Oregon Department of Human Services• Department of Health and Human Services, Administration for Children and Families, Children's Bureau• Onsite Service Review Instrument 2016 (OSRI) from the Child and Family Service Reviews (CFSR)• Child Welfare Information Gateway	Public Knowledge®
Address	To direct to the attention of; to take action.	Public Knowledge®
Adequately	Meeting minimum standards or requirements.	Public Knowledge®
Adoption	A legal or administrative process that establishes a permanent legal parent-child relationship between a child and an adult who is not already the child's legal parent and terminates the legal parent-child relationship between the adopted child and any former parent.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p.1946)
Agency Culture	Values and behaviors that contribute to the social and psychological environment of CW, including	Public Knowledge®



Term	Definition	Source
	the five CW core values of integrity, stewardship, responsibility, respect, and professionalism.	
Appropriate	Suitable or proper for the circumstances based on best practice guidelines, CW policies, or federal expectations.	Public Knowledge®
Assess	To collect information to inform decision-making about a child, young adult, or family.	https://www.childwelfare.gov/topics/systemwide/assessment/overview/terms/
Barriers	Obstacles to achieving intended outcomes. These can exist at the individual level, such as preventing or delaying permanence for a child, or at the organizational or system level, which result in policies or procedures that prevent populations of children and families receiving services to achieve intended outcomes.	Public Knowledge®
Basic Needs	Fundamental necessities including food, water, clothing, and shelter, as well as sanitation, education, and healthcare.	Public Knowledge®
Behavioral Rehabilitation Services (BRS)	<p>A program that provides services and placement-related activities to the BRS client to address their debilitating psychosocial, emotional, and behavioral disorders in a community placement utilizing either a residential care model or a proctor care model.</p> <p>Note: Child Caring Agencies (CCAs) can also be licensed to provide BRS services, and many are, but they are not synonymous.</p>	<p>https://www.oregon.gov/oha/HSD/OHP/Policies/170-0020-092120.pdf</p> <p>http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-</p>



Term	Definition	Source
		Manual.pdf (p. 1948)
Case Plan [Can also refer to the Child Welfare Case Plan, Case Planning or Individualized Service Planning]	A written, goal-oriented, and time-limited individualized plan for the child and the child's family, developed by the agency and the parents or guardians, to achieve the child's safety, permanency, and well-being. The Case Plan, along with the Permanency Plan and Court Report, are part of the Family Report.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (pp. 1949, 1961)
Caseload [Can also refer to Case(s)]	Individuals (usually a child) for whom a caseworker is responsible in a given time period, as expressed in a ratio of clients to staff members.	Public Knowledge®
Caseworker(s)	A child welfare employee assigned primary responsibility for a child or young adult served by child welfare.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p. 1949)
Centralize	To bring together into one location.	Public Knowledge®
Certification and Licensing Standards	Regulations in each state, for foster parents and providers, that ensure children are cared for in physically and developmentally safe environments.	https://www.childwelfare.gov/glossary/glossary/
Certified Family [Can also refer to CW Certified]	An individual or individuals who hold a current Certificate of Approval from the Department to operate a home to provide care, in the home in which the individual or individuals reside, to a	http://www.ODHS.state.or.us/policy/childwelfare/ma



Term	Definition	Source
Resource Home]	child or young adult in the care or custody of the Department.	nual_1/division_200.pdf
Child [Can also refer to Children or Young Adult]	A person under 18 years of age, or a person under 21 years of age if the Department of Human Services determines that the person has a mental or physical disability that warrants the continuation of assistance.	ORS 418.330(1)(a)
Child and Adolescent Needs and Strengths (CANS) Tool	<p>The CANS is a decision-making tool to determine level of care and service planning, and to monitor service outcomes.</p> <p>In Oregon, the CANS is used to determine the Level of Need (LON) for children in substitute care and to determine reimbursement rates for substitute care providers.</p>	<p>https://praedfoundation.org/tools/the-child-and-adolescent-needs-and-strengths-cans/</p> <p>http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p. 1948)</p>
Child Caring Agency (CCA) [Can also refer to Institution or Residential Facility]	Any private school, private agency, private organization or county program providing: Day treatment for children with emotional disturbances; Adoption placement services; Residential care, including but not limited to foster care or residential treatment for children; Residential care in combination with academic education and therapeutic care, including but not limited to treatment for emotional, behavioral or mental health disturbances; Outdoor young adult programs; or Other similar care or services for children. It includes the following: A shelter-care	ORS 418.205



Term	Definition	Source
	home that is not a foster home subject to ORS 418.625 to 418.645; An independent residence facility as described in ORS 418.475; A private residential boarding school; and A child-caring facility as defined in ORS 418.950. It does not include: Residential facilities or foster care homes certified or licensed by the Department of Human Services under ORS 443.400 to 443.455, 443.830 and 443.835 for children receiving developmental disability services; Any private agency or organization facilitating the provision of respite services for parents pursuant to a properly executed power of attorney under ORS 109.056. For purposes of this subparagraph, “respite services” means the voluntary assumption of short-term care and control of a minor child without compensation or reimbursement of expenses for the purpose of providing a parent in crisis with relief from the demands of ongoing care of the parent’s child; A young adult job development organization as defined in ORS 344.415; A shelter-care home that is a foster home subject to ORS 418.625 to 418.645; A foster home subject to ORS 418.625 to 418.645; A facility that exclusively serves individuals 18 years of age and older; or A facility that primarily serves both adults and children but requires that any child must be accompanied at all times by at least one custodial parent or guardian.	
CPS Assessment	An investigation into a report of abuse pursuant to ORS 419B.020 or ORS 418.258 that includes activities and interventions to identify and analyze safety threats, determine if there is reasonable cause to believe abuse occurred, and assure safety through protective action plans, initial safety plans, or ongoing safety planning.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p. 65)



Term	Definition	Source
CPS Case Closure	The process of a CPS caseworker terminating the ongoing safety plan by ensuring all case notes are completed, the case file is in order and ready for filing, all services to the family have been closed, and completing the case closure narrative in the child welfare electronic information system.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p. 573)
Children in Care	Children and young adults who are in the custody and supervision of Oregon CW and living in substitute care.	Public Knowledge® and Oregon CW
Children Living with High Needs [Can also refer to Child(ren) with Disabilities, High Needs]	Children and young adults with cognitive, behavioral, and/or mental health issues. Children and young adults with high needs may require “intensive” authorized levels of care, which dictates the amount of payments for care; challenging diagnoses, behaviors, and other characteristics where placements disrupt frequently and require new placements frequently.	Oregon Department of Human Services, Office of Child Welfare
Children Who Identify as LGBTQIA2S+	<p>Refers to a child who identifies as Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, Two-Spirit, and includes those who may not identify with these terms and may use other words to describe themselves (LGBTQIA2S+).</p> <p>The Oregon CW Child Welfare Procedures Manual states that every person has a sexual orientation, gender identity and expression (SOGIE) and they may be congruent or completely different. Some children and young adults with diverse SOGIE may identify as lesbian, gay, bisexual or transgender, and some may be questioning their sexual orientation or gender identity (LGBTQ). Other young adults may not identify with these terms</p>	<p>Public Knowledge®</p> <p>http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-</p>



Term	Definition	Source
	and may use other words to describe themselves including but not limited to non-binary, genderqueer, gender fluid, gender expansive, agender, gender diverse, two-spirit, queer, asexual, pansexual, etc. For this reason, there are various permutations of acronyms used in conversation and written materials to reflect diversity of SOGIE. The acronyms SOGIE or LGBTQ+ will be used.	Manual.pdf (p. 1067)
Concerted Effort	Cooperative and directive planning toward a mutually agreed upon goal.	Public Knowledge®
Concurrent Planning	A case planning approach that involves considering all reasonable options for permanency at the earliest possible point following a child's entry into foster care and simultaneously pursuing those that will best serve the child's needs. Typically, the primary plan is reunification with the child's family of origin. This primary plan and an alternative permanency goal are pursued at the same time, with full knowledge of all case participants. Concurrent planning seeks to eliminate delays in attaining permanency for children.	https://www.childwelfare.gov/glossary/glossaryc/
Conditions for Removal	Conditions in which CW and law enforcement have established that a child is in imminent threat of severe harm and use their authority to remove a child from home.	ORS 419B.150
Conditions for Return	A written statement of the specific behaviors, conditions, or circumstances that must exist within a child's home before a child can safely return and remain in the home with an in-home ongoing safety plan.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-



Term	Definition	Source
		Manual.pdf (p. 1951)
Connections	Proximity to the child's biological family, including siblings and the child's school. Connections that should be considered include school, church, culture, community, and other significant people in the child's life who are important to the child's well-being.	Oregon Department of Human Services, Office of Child Welfare
Contacts [Can also refer to Caseworker Contacts]	Any communication between Child Welfare staff and a child, young adult, parent or guardian, foster parent or relative caregiver, provider, or other individual involved in a Child Welfare safety plan or case. "Contact" includes, but is not limited to, communication in person, by telephone, by videoconferencing, or in writing. "Contact" may occur, for instance, during a face-to-face visit; a treatment review meeting for a child, young adult, parent, or guardian; a court or Citizen Review Board hearing; or a family meeting.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p. 1951)
Continuous Quality Improvement (CQI)	A strength-based process that relies on teamwork to improve processes, services, and outcomes. It is an ongoing cycle of collecting data and then testing, implementing, learning from, and revising solutions.	https://www.oregon.gov/odhs/child-welfare-transformation/Pages/principle-3.aspx
Continuum of Care	Provides ongoing services for children in substitute care from entry to exit. The goal of this approach is to use the most appropriate and least restrictive interventions, both in and out of the home, while ensuring that safety issues and needs are addressed.	https://www.childwelfare.gov/topics/outofhome/foster-care/achieving-continuum/
Courtesy Supervision [Can also refer	Supervision provided when a child is placed outside the county or state where the presenting issue originated. Courtesy supervision is provided	http://www.dhs.state.or.us/caf/safety_model/procedure



Term	Definition	Source
to Cross-County Supervision or Inter-County Case Work]	<p>by a caseworker in the receiving county or state, and should address the child's ongoing safety and well-being, and the reports should include dates and locations of face-to-face contact as well as updates concerning the child's education, medical/ mental health services, and assessment of the child's living environment.</p> <p>Cross-county case supervision refers to when one or more counties is providing ongoing case management services for a county who holds primary jurisdiction over the case.</p>	re_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p. 707)
Critical Incident	<p>An incident that resulted in the death of a child if the Department reasonably believes the death was the result of child abuse and:</p> <p>(a) The deceased child was in the custody of the Department at the time of the fatality; or</p> <p>(b) The deceased child, the deceased child's sibling, or any other child living in the household with the deceased child was the subject of a CPS assessment by the Department within the 12 months preceding the fatality; or</p> <p>(c) The child, the child's sibling, or any other child living in the household with the child had a pending child welfare or adoption case with the Department within the 12 months preceding the fatality; or</p> <p>(d) The deceased child, the deceased child's sibling, or any other child living in the household with the deceased child was the subject of a report of abuse made to the Department or a law enforcement agency within the 12 months preceding the fatality, whether the report of abuse was closed at screening or assigned for CPS assessment.</p> <p>A fatality or serious injury where child abuse or neglect is suspected; an event or situation which</p>	OAR 413-017-0059(4)



Term	Definition	Source
	is highly concerning, may pose a potential liability, is of emerging public or media interest or represents an interest of security; any other incident designated by the CW Director.	
Data Integrity and Accuracy	Validity of data over the entire life cycle.	Public Knowledge®
Data Driven Decision-Making	Decision makers using objective information to improve outcomes for the people they serve.	https://www.oregon.gov/odhs/child-welfare-transformation/Pages/principle-3.aspx
Data Quality Plan	The comprehensive, purposeful, and iterative efforts taken by Title IV-E agencies to ensure the reliability and fitness of data for use as intended in the support of child welfare policies, goals, and practices. The agency must develop, implement, and maintain a data quality plan in a manner prescribed by the Administration for Children and Families and include it as part of Annual or Operational APDs.	https://www.acf.hhs.gov/sites/default/files/documents/cb/ccwis_data_quality_plans_presentation.pdf
Diligent Relative Search	The ongoing identification and contact with a child's relatives and persons with a caregiver relationship for the purposes of establishing ongoing connections and supports for families and placing a child with his or her relatives on a temporary or permanent basis. Diligent relative search may begin as early as the CPS assessment and continues throughout provision of ongoing services.	Public Knowledge® and Oregon CW
Effective	Producing an intended result or outcome.	Public Knowledge®



Term	Definition	Source
Evaluation	Determining the quality of something.	Public Knowledge®
Face-to-Face Contact	An in-person interaction between individuals.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p. 1953)
Family Engagement	Including families in all aspects of decision-making through a collaborative and partnering process of engagement. The intent of family engagement is to assist families in keeping their children safe and thriving in their communities.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (pp. 167, 302, 1867-1868)
Family Interaction	"Child-family contact" means communication between the child or young adult and family and includes, but is not limited to, visitation with the child or young adult, participation in the child's or young adult's activities, and appointments, phone calls, email, and written correspondence. Contact between birth relatives, as defined under ORS 109.305, and the child or young adult in substitute care. Source: OAR 413-120-0000(12) [M]aintain family relationships and cultural connections with the child or young adult in substitute care. Source: OAR 413-070-0060(4) See also OAR 413-070-0072	OAR 413-070-0000(16)



Term	Definition	Source
Family Report	A written, goal-oriented, and time-limited individualized plan for the child and the child's family, developed by the agency and the parents or guardians, to achieve the child's safety, permanency, and well-being. The Case Plan, along with the Permanency Plan and Court Report, are part of the Family Report.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (pp. 1949, 1954, 1961)
Federal Background Checks	A background check completed by the Background Check Unit (BCU), who provide background check services and support to all CW and Oregon Health Authority (OHA) divisions for employment purposes, for those who provide services or seek to provide services as a contractor, subcontractor, vendor or volunteer, or are employed by qualified entities that provide care and are licensed, certified, registered or otherwise regulated by CW or OHA. The checks search for crimes prosecuted at a federal level.	https://www.oregon.gov/odhs/background-checks/pages/default.aspx
Foster Care	24-hour substitute care for children placed away from their parents or guardians and for whom the Department, or another public agency, has placement and care responsibility. This includes but is not limited to placements in foster homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child-care institutions, and pre-adoptive homes. A child or young adult is in foster care in accordance with this definition regardless of whether the foster care facility is licensed, and payments are made by the Department or local agency responsible for the care of the child, whether adoption subsidy payments are being made prior to the finalization	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p. 1955)



Term	Definition	Source
	of the adoption or whether there is federal matching of any payments that are made.	
Foster Parent(s) [also known as Resource Parent]	<p>A person who operates a home that has been approved by the Department to provide care for an unrelated child or young adult placed in the home by the Department.</p> <p>Please also refer to definition for Relative Caregiver, below.</p>	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (pp. 1955, 1966)
Frequency of Visits	The cadence of family interaction for a child in substitute care and may be with their parents, siblings and/or relatives.	Public Knowledge® and Oregon CW
Guardian	An individual who has been granted guardianship of a child through a judgment of the court.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p. 1955)
Guardianship	Guardianship is a strategy and permanency option that is most frequently used when relative caregivers wish to provide a permanent home for the child and maintain the child's relationships with extended family members without a termination of parental rights, as is required for an adoption. Guardianship promotes the preservation of family, community, and cultural ties and potentially reduces racial disproportionality and disparities in child welfare.	Child Welfare Information Gateway



Term	Definition	Source
Identified Needs	Areas of concern or areas needing improvement that are identified through an individualized assessment process.	Public Knowledge®
Identified Timeframe	The time between the publish date of Public Knowledge®'s <i>2016 Child Safety in Substitute Care Independent Review Final Report</i> (September 12, 2016) and present day.	Public Knowledge®
Impending Danger Safety Threat	A family behavior, condition, or circumstance that meets all five safety threshold criteria. When it is occurring, this type of threat is not immediate, obvious, or occurring at the onset of the CPS intervention. This threat is identified and understood more fully by evaluating and understanding individual and family functioning.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p. 1957)
Improve	A measurable change toward an accepted child welfare standard.	Public Knowledge®
Independent Living Services	Skill-building services provided to young adults aged 16 and older and in substitute care to help transition young adults from foster care to independent adulthood. CW is required to provide support to young adults aged 14 and older to create an independent living transition plan and build life skills.	https://www.courts.oregon.gov/programs/jcip/EducationMaterials/2019Eyes/Assessing.pdf
Initial Staff Training	Classroom, field activities, and computer-based learning required for new caseworkers within their first year of employment at CW.	https://www.pdx.edu/center-child-family/essential-elements-session-summaries
Investigations [Can also refer to Abuse in	Assessment into a report of abuse that includes activities and interventions to identify and analyze safety threats, determine if there is reasonable	http://www.dhs.state.or.us/caf/safety_model/procedure



Term	Definition	Source
Care Investigations or CPS Assessment]	cause to believe abuse occurred, and assure child safety through protective action plans, initial safety plans, or ongoing safety planning.	re_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p. 1950)
Kin	Distantly related persons, including those persons who the family or child identifies, or the person self-identifies, as being related by blood, adoption, or marriage but to a degree other than those specified as relatives.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (pp. 620, 1579)
Kith	A person not related to the child by blood or through legal means but are identified by the child or the family and are considered by the child or child's family as a relative.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (pp. 620, 1579)
Level of Need	The measure of evidence a child is displaying a certain need or behavior and the corresponding action needed, as used in the Child and Adolescent Needs and Strengths (CANS) Tool.	Adapted from the Oregon Comprehensive Screening Tool Manual: https://oregonwv.aparound.org/wp-content/uploads/2020/05/607OregonCANSCompre



Term	Definition	Source
		hensiveManual0-5_181214.pdf
Mental or Behavioral Health Needs	Needs identified from a state of mental, behavioral, emotional well-being, and choices and actions that affect wellness.	Public Knowledge®
Middle Manager	A manager at a level between leadership and frontline supervisor.	Public Knowledge®
Oregon Health Authority (OHA)	<p>The Oregon Health Authority works to lower and contain healthcare costs, improve quality, and increase access to healthcare for Oregonians.</p> <p>The OHA provides behavioral health services to children and families throughout Oregon, including early childhood mental health, school-based mental health partnerships, intensive services, in-home services, family supports, substance use disorder programs, and young adult suicide prevention programs.</p>	<p>https://www.oregon.gov/oha/Pages/Portal-About-OHA.aspx</p> <p>https://www.oregon.gov/oha/HSD/BH-Child-Family/Pages/index.aspx</p>
Organizational Change Management	A structured process that makes change happen quicker, smoother, and less painfully for leaders, staff, stakeholders, and customers. It is a structured methodology that, at its core, is helping move an organization from its current state to a new desired state. Simply put, OCM addresses the people side of change management.	Public Knowledge®
Out-of-State Placements	Placements selected when treatment providers or placement options in Oregon are unable to serve a child in Child Welfare's care due to the child's unique or severe treatment needs. These placements fall under the Interstate Compact for the Placement of Children.	Public Knowledge® and Oregon CW (ORS 417.200)



Term	Definition	Source
Parents [Can also refer to Biological Families]	The biological or adoptive mother or the legal father of the child. A legal father is a man who has adopted the child or whose paternity has been established or declared under ORS 109.070, ORS 416.400 to 416.610, or by a juvenile court. In cases involving an Indian child under the Indian Child Welfare Act (ICWA), parent means any biological parent of an Indian child, or any Indian who has lawfully adopted an Indian child, including adoptions under tribal law or custom. It does not include an unwed biological father where paternity has not been acknowledged or established. "Parent" also includes a putative father who has demonstrated a direct and significant commitment to the child by assuming or attempting to assume responsibilities normally associated with parenthood, unless a court finds that the putative father is not the legal father.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p. 1961)
Performance-Based Contracting	The process of determining rates paid to providers based on performance on established metrics and data points.	Public Knowledge®
Permanency [Can also refer to Permanence, Legal Permanence, or Relational Permanence]	Stability and lifelong, reliable connections for children and young adults in substitute care. *Legal permanence refers to a child's relationship with a parenting adult that is recognized by law and that the adult is the child's birth, kin, foster, guardian, or adoptive parent. *Relational permanence refers to important long-term, stable relationships that help a child or young adult feel loved and connected.	Public Knowledge® and Oregon CW https://www.aecf.org/blog/what-is-permanence/
Permanency Goal	The court's determination of the permanency plan for the ward that includes whether and, if applicable, when: (A) The ward will be returned to the parent	ORS 419B.476(4)



Term	Definition	Source
	(B) The ward will be placed for adoption, and a petition for termination of parental rights will be filed (C) The ward will be referred for establishment of legal guardianship (D) The ward will be placed with a fit and willing relative (E) If the ward is 16 years of age or older, the ward will be placed in another planned permanent living arrangement	
Permanency Hearings	The hearing that determines the permanency plan for the child. The permanency hearing is conducted by a juvenile court, another court of competent jurisdiction or by an authorized tribal court.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p. 1961)
Permanency Outcome	Preference of permanency plans reflected in statute: Reunification Adoption (TPR) Guardianship (durable and permanent) Fit and Willing Relative Another Permanent Planned Living Arrangement (APPLA)	ORS 419B.476(5)
Permanency Plan	A written course of action for achieving safe and lasting family resources for the child or young adult. Although the plan may change as more information becomes available, the goal is to develop safe and permanent resources with the parents, relatives, or other people who may assume responsibility for the child or young adult	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-



Term	Definition	Source
	during the remaining years of dependency and be accessible and supportive to the child in adulthood.	Manual.pdf (p. 1962)
Physical Health Needs	Medical and dental health needs identified and addressed.	Public Knowledge®
Placement	The arrangement for the care of a child in the home of a parent, a foster home, relative foster home, non-paid relative home, or a child-caring agency or institution. It does not include the arrangement for care in an institute caring for the mentally ill, an institution primarily educational in character, or a hospital or other medical facility.	OAR 413-040-0000(55)
Placement Changes [Can also refer to Placement Change Decision]	Movement of a child in substitute care from one placement to another.	Public Knowledge®
Placement Stability	Ensuring that children remain in stable out-of-home care, avoiding disruption, removal, and repeated placements that have harmful effects on child development and well-being.	https://www.childwelfare.gov/glossary/glossary/
Placing	The process of removing a child from his or her family of origin or caregivers to a safe, temporary living situation.	Public Knowledge®
Population of Children in Care	An overall demographic representation of children and young adults in the custody of CW.	Public Knowledge®
Present Danger Safety Threat	An immediate, significant, and clearly observable family behavior, condition, or circumstance occurring in the present tense, already endangering or threatening to endanger a child or, when applicable, a young adult. The family	http://www.ODHS.state.or.us/caf/safety_model/procedure_manual/Oregon-ODHS-



Term	Definition	Source
	behavior, condition, or circumstance is happening now, and it is currently in the process of actively placing a child or, when applicable, a young adult in peril.	Child-Welfare-Procedure-Manual.pdf (p. 1963)
Proctor Foster Home	A foster home certified by a Child Caring Agency (CCA). A proctor foster home must meet minimum standards as established by rules adopted by CW or the Oregon Youth Authority. Proctor foster homes also receive a pass-through certification from CW.	http://www.ODHS.state.or.us/policy/childwelfare/manual_1/division_215.pdf
Progress	The actions CW has made to implement recommendations or address concerns through identifiable and credible strategies and processes.	Public Knowledge®
Provider Recruitment	A critical step in finding prospective families for a child and should be tailored to the specific child.	http://www.ODHS.state.or.us/caf/safety_model/procedure_manual/Oregon-ODHS-Child-Welfare-Procedure-Manual.pdf
Qualified Caseworker	Applicants for a caseworker position must meet the following requirements: <ul style="list-style-type: none">• A bachelor's degree in Human Services or a field related to human service; or• A bachelor's degree unrelated to Human Services; and either• One year of Human Services related experience; or• Completion of coursework equivalent to certification consistent with Oregon Caseworker Competency; or• An associate degree and either• Two years of Human Service-related experience; or	https://apps.oregon.gov/DAS/Classification-Compensation/JobProfile/Title/SocialServiceSpecialist1/JobProfileCode/6612/Category/HumanServicesandMedical/MinimumQualifications



Term	Definition	Source
	<ul style="list-style-type: none">• One year of Human Services related experience and related training, coursework or certification consistent with Oregon Caseworker Competency	
Quality	The degree to which an object or entity (such as a process, product, or service) satisfies a specified set of attributes or requirements.	Public Knowledge®
Quality of Visits	<p>Purposeful interactions between caseworkers and children, young adults, parents, and resource parents that reflect engagement and contribute to assessment and case planning processes in order to achieve outcomes.</p> <p>Oregon CW refers to frequency of visits and quality of visits together (see Frequency of Visits as defined above). For purposes of this review, PK separated out frequency of visits and quality of visits as two separate concepts.</p>	Public Knowledge®
Rates	Payments made to substitute care providers intended to offset some of the costs associated with caring for children.	Public Knowledge®
Re-Entry	Of all children who enter foster care in a 12-month target period and discharged within 12 months to reunification, living with a relative(s), or guardianship, what percent re-entered foster care within 12 months of discharge.	https://capacity.childwelfare.gov/sites/default/files/media_pdf/Reentry-to-Foster-Care-508.pdf
Relative	<p>A person related to the child or young adult through a parent, including a putative father, unless the relationship has been dissolved by adoption of the child, young adult, or parent. This includes:</p> <ul style="list-style-type: none">• Blood relatives that have prefixes of grand, great, or great-great.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-



Term	Definition	Source
	<ul style="list-style-type: none">• Half blood relatives with prefixes of grand, great, or great-great. Individuals with one common biological parent are half-blood relatives.• Aunts/Uncles.• Nieces/nephews.• First Cousins and First Cousins once-removed (a parent's cousin).• The spouses of any of the above-listed relatives.• The ex-spouses of any of the those persons listed above. if the child or young adult had a relationship with the child PRIOR to entering substitute care.• Siblings, including siblings that are related through a putative father.	Manual.pdf (p. 743) OAR 413-070-0000(80)
Relative Caregiver [Can also refer to Kinship Caregiver]	A person defined as a “relative” under OAR 413-070-0000 who operates a home that has been approved by the Department to provide care for a related child or young adult placed in the home by the Department.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p. 1966)
Removal [Can also refer to Removed]	Either the physical act of a child being taken from his or her normal place of residence by court order or a voluntary placement agreement and placed in a foster care setting, or the removal of custody from the parent or relative guardian pursuant to a court order or voluntary placement agreement which permits the child to remain in a foster care setting.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p. 1966)



Term	Definition	Source
Report [Can also refer to CPS Report]	An allegation of abuse that the screener evaluates to determine if it constitutes a report of abuse as defined in ORS 419B.005 or, when applicable, Oregon Laws 2017, chapter 733.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p. 1966)
Required Timeframe	The accepted amount of time required for a given action based on policy.	Public Knowledge®
Response Time	The time frame to initiate the CPS assessment and is determined by the urgency of the report. Urgency is determined by reported family behaviors, conditions and circumstances that represent a present or impending danger.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p. 1967)
Reunification	Placement with a parent or guardian.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p. 197)
Risk	The extent to which key factors are present in a family situation that increases the likelihood of future maltreatment to a child or adolescent.	Public Knowledge®
Safe [Can also refer to Safety]	The absence of present danger safety threats and impending danger safety threats.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf



Term	Definition	Source
		ty_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p. 1967)
Safety Culture	Behaviors and practices of an organization that prioritize the safety of children and families as well as the ability of individuals to speak up without fear of reprisal.	https://capacity.childwelfare.gov/sites/default/files/media_pdf/worker-safety-guide-cp-00121.pdf (p.4)
Safety Threat [Can include Present Danger Safety Threats or Impending Danger Safety Threats]	<p>A Present Danger Safety Threat is an immediate, significant, and clearly observable family behavior, condition or circumstance occurring in the present tense, already endangering or threatening to endanger a child or, when applicable, young adult. The family behavior, condition, or circumstance is happening now, and it is currently in the process of actively placing a child or, when applicable, young adult in peril.</p> <p>An Impending Danger Safety Threat is a family behavior, condition, or circumstance that meets all five safety threshold criteria. When it is occurring, this type of threat is not immediate, obvious, or occurring at the onset of the CPS intervention. This threat is identified and understood more fully by evaluating and understanding individual and family functioning.</p>	<p>http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p. 197)</p> <p>OAR 413-015-0115(26)</p>
Safety Threshold	The point at which family behaviors, conditions, or circumstances are manifested in such a way that they are beyond being risk influences and	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf



Term	Definition	Source
	have become an impending danger safety threat. In order to reach the “safety threshold” the behaviors, conditions, or circumstances must meet all of the following criteria: be imminent, be out of control, affect a vulnerable child or young adult, be specific and observable, and have potential to cause severe harm. The “safety threshold” criteria are used to determine the presence of an impending danger safety threat.	re_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p. 1967)
Screening	The process used by a screener to determine the response to information received.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p. 1967)
Service Array	The range of service options that CW provides to clients.	Public Knowledge®
Service Goal [Can also refer to Case Goal]	The observable, sustained change in behavior, condition, or circumstance, that when accomplished, achieves the desired effect.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf#page=1840
Service Provision	The ongoing process of delivering services to clients by CW and its providers.	Public Knowledge®
Service(s)	Assistance that the Department provides to clients.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf



Term	Definition	Source
		re_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf#page=1840
Staff Turnover	The measurement of the number of employees who leave CW during an identified timeframe.	Public Knowledge®
Substitute Care [Can also refer to Placements or Substitute Care Providers]	The out-of-home placement of a child or young adult who is in the legal or physical custody and care of the Department.	http://www.ODHS.state.or.us/policy/childwelfare/manual_1/division_70.pdf
Supervision	The act of overseeing children and young adults in order to assure child safety.	Oregon Department of Human Services, Office of Child Welfare
Supervision and Oversight	The act of monitoring and directing the performance and activities of Child Protective Services (CPS) and Permanency staff, contracted providers, or others delivering services to families, children, and young adults.	Public Knowledge® and Oregon CW
Supporting	The process of providing assistance to address an identified need.	Public Knowledge®
Temporary Placement	A short term, time-limited placement.	Public Knowledge®
Termination of Parental Rights (TPR)	A court of competent jurisdiction has entered an order terminating the rights of the parent or parents, pursuant to ORS 419B.500 through 419B.530 or the statutes of another state. The date of the termination order determines the effective date of the termination even if an appeal	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-



Term	Definition	Source
	of that order has been filed according to ORS 419A.200. Per ORS 419B.500 and ORS 418.270(4), voluntary relinquishment of parental rights is revocable until the child is physically placed in the adoptive placement.	Procedure–Manual.pdf (p. 1970) ORS 419B.500
Tracking	Monitoring and measuring the goals, progress, or outcomes.	Public Knowledge®
Training [Can also refer to Training Resources]	The process of developing a skilled child welfare workforce and to achieving outcomes of safety, permanency, and well-being for children entrusted to the care of the public child welfare system.	https://www.childwelfare.gov/topics/management/training/
Treating	The process of providing care and attention to emotional, behavioral, physical, or social issues or medical needs.	Public Knowledge®
Visit	Planned, in-person contact between the child or young adult and one or more family members.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p. 1971)
Visitation	Visitation is an interactive face-to-face contact between a child and his or her parents, siblings or other family members. When reunification is the goal, the visit and contact plan should include progressively increased parental responsibility for the daily care of the child. When reunification no longer is the goal, a visit and contact plan can help family members understand and accept the alternative permanency plan. Whatever the goal,	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/ch04/ch4-section26.pdf



Term	Definition	Source
	visits strengthen and maintain family relationships, enhance a child's well-being, and affirm the importance of parents in the child's life. For the duration of Governor Brown's Stay at Home, Save Lives Order (EO 20-12), visitation takes place as provided in the Protocol for In-Person Parent/Child Visits During COVID-19.	
Well-Being	The physical, dental, behavioral, mental health, and educational needs of children and young adults are being identified and met.	Public Knowledge® and Oregon CW
Workforce [Can also refer to Staffing Resources or Resources]	People employed by Child Welfare to design, deliver and oversee the child welfare agency service array.	Public Knowledge® and Oregon CW



Appendix C: Entities

Term	Definition
CPS	Child Protective Services. CPS responds to child abuse reports. CPS-trained caseworkers across the state listen to reports of abuse, assess the situations, and prepare safety plans to assist children and families.
CPS Hotline	Anyone can report child abuse to the Oregon Child Abuse Hotline by calling 1-855-503-SAFE (7233). The Oregon Child Abuse Hotline receives calls 24 hours a day, 7 days a week, 365 days a year. This toll-free number allows anyone to report abuse of any child or adult to the Oregon Department of Human Services. Child abuse can also be reported by calling a local police department, county sheriff, county juvenile department, or Oregon State Police.
Child Welfare	Child Welfare is a continuum of services designed to ensure that children are safe at home and that families have the necessary support to care for their children successfully. In Oregon, Child Welfare includes Adoption services, Child Protective Services, Foster Care, Family Preservation, and the Independent Living Program.
ODHS [Agency]	Department of Human Services. ODHS is Oregon's principal agency for helping Oregonians achieve wellbeing and independence through opportunities that protect, empower, respect choice, and preserve dignity, especially for those who are least able to help themselves. Divisions include: Assistance, Children & Youth, Seniors & People with Disabilities, and other services.
OCI	The Office of Continuous Improvement works in partnership with ODHS programs. All work is directly requested from the field or from program. OCI and ODHS staff collaborate and work together to improve current processes, create efficiencies, and implement more effective ways of delivering services, all of which directly impacts and ultimately benefits ODHS clients.
ODDS	The Oregon Office of Developmental Disabilities Services supports individuals with disabilities and their families within their communities by promoting and providing services that are



Term	Definition
	individualized, flexible, and community-focused, and that support each person's talents and abilities.
OHA	Oregon Health Authority. OHA is the agency that oversees and administers Medicaid and other public health programs in Oregon such as the Oregon Health Plan, Healthy Kids, the Oregon State Hospital, and other programs.
ORCAH	Oregon Child Abuse Hotline. The hotline was centralized in April 2019, allowing all reports of maltreatment to be reported to a single entity.
OTIS	Office of Training and Investigative Services is part of ODHS and is responsible for training, coordinating and conducting abuse investigations and providing protective services statewide to reports of neglect and abuse of vulnerable adults including adults over the age of 65; adults with physical disabilities; adults with developmental disabilities; adults with mental illness; and children receiving residential treatment services.
OSOQ	Office of Safety, Oversight, and Quality (formerly OLRO). OLRO is part of ODHS and is responsible for licensing or registering regulatory and corrective action functions for long term care facilities and agencies including children's residential care agencies, foster care agencies, adoption agencies, assisted living facilities, and other such facilities and agencies.



Appendix D: Data Sources

DATE	Description	BATES NO. / DKT NO.
2013	Bill of Rights Presentation – Foster Care Ombudsman	Wyatt_DHS_1784249
2014	BRS Training resources – Practitioners Resource Guide Helping Families to Support LGBTQ youth	Wyatt_DHS_0886565
2014	BRS Training resources – Best Practice for Serving Trans youth	Wyatt_DHS_2675657
2016	2016 ODHS Child Welfare Procedure Manual	To produce
2016	DHS District Map	Wyatt_DHS_0774580
2016	Oregon CFSR Round 3 Final Report	Wyatt_DHS_0062317
2016	2016 HB 4080 Establishing CFCAC	Wyatt_DHS_0064311
2016	Foster Care Ombudsman Annual Report	Wyatt_DHS_1785342
2016	DHS Legislative Session Report	To produce
2017	Policy Transmittals	To produce
2017	ORS 418.005	To produce
2017	Foster Care Ombudsman Annual Report (https://www.oregon.gov/odhs/about/gaofco/fco-fy17-report.pdf)	Publicly available
2017	DHS Legislative Session Report	Wyatt_DHS_2547450
2017	2017 Becoming a Data Informed Organization	Wyatt_DHS_0114360
2017	Services for Children with Intellectual or Developmental Disabilities	To produce
2017	2017 Oregon Annual Progress & Service Report (APSR)	Wyatt_DHS_0307093
2018	Policy Transmittals	To produce
2018	CWAC Membership 2018	To produce
2018	Crisis Care Guidance_2018_1	To produce
2018	Year-2-Report-EveryChild	Wyatt_DHS_0057372
2018	Foster Care Ombudsman Annual Report	Wyatt_DHS_0061203
2018	2018 ILP Eligibility	Wyatt_DHS_0072213



DATE	Description	BATES NO. / DKT NO.
2018	SB 413 ORS 418319 Children Placed in Foster Care Leg Report 2018	Wyatt_DHS_0265382
2018	DHS Legislative Session Report	To produce
2018	2018 OAR 413 Temporary Rules (https://www.oregonlegislature.gov/citizen_engagement/Reports/2018-DHS-OAR%20413%20Temporary%20Rules.pdf)	Publicly available
2018	2018 ORRAI Child Welfare Future Research Agenda	Wyatt_DHS_0114663
2018	Child Maltreatment – Children's Bureau (Oregon Excerpt)	To produce
2018	Child Maltreatment – Children's Bureau	To produce
2018	Child Welfare District Listening Tour	Wyatt_DHS_0134291
2018	Oregon CJA Performance Report & Application for 2018–2021	Wyatt_DHS_2242505
2018	2018 Oregon Annual Progress & Service Report (APSR)	Wyatt_DHS_0242922
2019	Policy Transmittals	To produce
2019	2019 CCO Performance Report	Wyatt_DHS_2715220
2019	2019 A&M Communications Process	Wyatt_DHS_0133507
2019	SB 832 Declares purpose of Critical Incident Review Teams	Wyatt_DHS_2092204
2019	SPRF 2019 Legislative Report	Wyatt_DHS_0221635
2019	SPRF Financials for 2019 Legislative report	Wyatt_DHS_0221645
2019	Foster Care Ombudsman Annual Report (https://www.oregon.gov/odhs/about/gaofco/fco-fy19-report.pdf)	Publicly available
2019	2019 APSR_ILP Discretionary Funds_youth served	To produce
2019	2019 Oregon ILP outcomes for 2019 (for managers meeting)	Wyatt_DHS_2689312
2019	2019 Oregon ILP outcomes for 2019 (shorter version)	Wyatt_DHS_4623307
2019	2019 TP & ILP Services–Perm Qtrly	Wyatt_DHS_1642692
2019	SB 171 2019 Joint Plan to Develop In–State Capacity and Minimize Out–of–state Placements of Children Leg Report	Wyatt_DHS_0062551



DATE	Description	BATES NO. / DKT NO.
2019	SB 171 Measure Summary	Wyatt_DHS_1983636
2019	SB 171	Wyatt_DHS_0510470
2019	Senate Bill 1 – Staff Measure Summary (Ways and Means)	Publicly available
2019	Senate Bill 1 – System of Care Advisory Counsel (https://olis.oregonlegislature.gov/liz/2019R1/Downloads/MeasureDocument/SB1/Enrolled)	Publicly available
2019	Comparison of 2015–17 Programs to Governor's Budget for 2017–19	To produce
2019	Comparison of 2017–19 Budget to the 2019–21 LAB	Wyatt_DHS_0223042
2019	Marion County LGBTQ Foster Youth Workgroup Participant List	Wyatt_DHS_0288817
2019	ORCAH Call Volume Q1	Wyatt_DHS_0272900
2019	Safety at Screening– Variables	Wyatt_DHS_3566929
2019	2019 Oregon Child Abuse Hotline Presentation	Wyatt_DHS_2675676
2019	ORS Chapter 417 — Interstate Compacts on Juveniles and Children; Children and Family Services (https://www.oregonlegislature.gov/bills_laws/ors/ors417.html)	Publicly available
2019	ORS Chapter 418 — Child Welfare Services (https://www.oregonlegislature.gov/bills_laws/ors/ors418.html)	Publicly available
2019	ORS Chapter 419B — Juvenile Code Dependency (https://www.oregonlegislature.gov/bills_laws/ors/ors419b.html)	Publicly available
2019	Juvenile Dependency Overview	To produce
2019	2019 Fairness in Machine–Learning–Generated Risk Scores via Equitable Methodology	Wyatt_DHS_0121911
2019	DHS Highlights	Wyatt_DHS_4389657
2019	2019 Oregon Annual Progress & Service Report (APSR)	Wyatt_DHS_0062358
2019	CWOB meeting materials, minutes, and bi–weekly reports	Wyatt_DHS_0133991 – Wyatt_DHS_0134778



DATE	Description	BATES NO. / DKT NO.
2020	District 2 Administrative Org Chart (Portland – Multnomah County)	Wyatt_DHS_2690771
2020	Report and Dashboard Inventory	To produce
2020	Juvenile Dependency Overview	To produce
2020	Placements – Continuum of Care Beyond Foster Care	Wyatt_DHS_0776177
2020	2020 Child Welfare Data Book	Wyatt_DHS_2715987
2020	Policy Transmittals	To produce
2020	2020–21 FYCAPTA Citizen Review Panel Report	Wyatt_DHS_2709742
2020	COVID–19 Resources Combined	Wyatt_DHS_2709771
2020	2020 Annual CCO Metrics Report_FINAL	Wyatt_DHS_2715061
2020	MOU ODHS and CRB signed	To produce
2020	2020 DHS Child Abuse Reporting Guide	Wyatt_DHS_2159379
2020	2020 DHS Family Wellbeing Assessment	Wyatt_DHS_2691417
2020	DHS Fingerprinting for Contracted Service Providers	Wyatt_DHS_3589066
2020	DHS Guidance for Contracted Providers	Wyatt_DHS_2754640
2020	DHS Permanency Work	Wyatt_DHS_2689369
2020	OAR 413–017–0045	Publicly available
2020	ORS 418.804 – ORS 418.813 CIRT	Publicly available
2020	2020 ILP Events for Teens	To produce
2020	2020 Budget Reduction Exercise Information Sheet	Wyatt_DHS_4397064
2020	Legal Name and Sex Change Policy (Ch 9, Sec 7) Depo Exhibit 1024	Wyatt_DHS_0172446
2020	OAR 410–170–0020 BRS facilities gender–responsive approach	Publicly available
2020	OAR 410–170–0030 BRS facilities training	Publicly available
2020	OAR 413–200–0308 qualifications of certified families	Publicly available
2020	OAR 413–200–0335 standards re home environment	Publicly available



DATE	Description	BATES NO. / DKT NO.
2020	OAR 413-200-0352 adequate clothing for gender expression	Publicly available
2020	OAR 413-200-0358 discipline of a child or young adult	Publicly available
2020	OAR 413-215-0031 respect of children in care	Publicly available
2020	OAR 413-215-0061 licensing personnel	Publicly available
2020	OAR 413-215-0316 licensing child caring agencies	Publicly available
2020	OAR 413-215-0326 training	Publicly available
2020	OAR 2020 Chapter 413, Div 40 Case Management – Service Plans	Publicly available
2020	OAR 2020 Compilation Chapter 413 DHS Child Welfare Programs	Publicly available
2020	OAR 413-053-000 – 070 re Strengthening, Preserving and Reunifying Families	Publicly available
2020	ORS 418-575 to 418-598	Publicly available
2020	Oregon DHS Leadership Team website	To produce
2020	SSS Engagement Survey Reporting Examples	To produce
2020	2020 Oregon Annual Progress & Service Report (APSR)	Wyatt_DHS_0218737
2021	Policy Transmittals	To produce
2021	FCCRC FP Version English	Wyatt_DHS_2711566
2021	FCCRC Process Map	Wyatt_DHS_2711561
2021	MV-FC Transportation Pandemic Statement _LR_BD	Wyatt_DHS_2709481
2021	FCCRC FP Version English	Wyatt_DHS_2709487
2021	FAQ FCCRC -V1	Wyatt_DHS_2709676
2021	On ramp Tracking Checklists Combined	Wyatt_DHS_2709628
2021	Training Workforce Plan 2021	Wyatt_DHS_2709674
2021	Comprehensive Plan to Prevent Child Maltx Fatalities	Wyatt_DHS_2709944
2021	SOC Barrier Process	Wyatt_DHS_2709589
2021	ELD Title IV –B2 FFY20 Report	Wyatt_DHS_2709690



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2021	Safe Systems Improvement Tool	Wyatt_DHS_2709530
2021	NPCS Charter	Wyatt_DHS_2710079
2021	Virtual Hearing Practice in Child Welfare Perceptions from the Field	Wyatt_DHS_2710090
2021	Oregon Study Responses	Wyatt_DHS_2709651
2021	Training Matrix, May 2019	Wyatt_DHS_2709555
2021	OCWP- COVID 90 days Plan- Treatment Services-FINAL 90 day	Wyatt_DHS_2710111
2021	Oregon Executive Summary	Wyatt_DHS_2704232
2021	Oregon Training Assessment Report to Oregon Final	Wyatt_DHS_2704110
2021	APSR Caseworker Ongoing Professional Development Project Plan	Wyatt_DHS_2710313
2021	38-OR Work Plan	Wyatt_DHS_2710169
2021	D-Chafee Attch3 - Oregon ETV 2020 awards	Wyatt_DHS_2710300
2021	2020-2021 Specs (DHS Custody)	Wyatt_DHS_2715056
2021	Leg Funding	Wyatt_DHS_2697244
2021	ORCAH Annual Report 2021	Wyatt_DHS_2959916
2021	2020 - 2024 FCP Statewide Strategic plan_ 2021 updates	Wyatt_DHS_2716610
2021	D3 Polk-Yamhill CQI Charts Apr-21	To produce
2022	District 10 Org Chart	Wyatt_DHS_2722753
2022	District 11 Org Chart	Wyatt_DHS_2722772
2022	District 12 Org Chart	Wyatt_DHS_2722785
2022	District 13 Org Chart	Wyatt_DHS_2722797
2022	District 14 Org Chart	Wyatt_DHS_2722805
2022	District 15 Org Chart	Wyatt_DHS_2722817
2022	District 16 Org Chart	Wyatt_DHS_2722837
2022	District 2 Org Chart	Wyatt_DHS_2722487
2022	District 3 Org Chart	Wyatt_DHS_2722556



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2022	District 4 Org Chart	Wyatt_DHS_2722601
2022	District 5 Org Chart	Wyatt_DHS_2722624
2022	District 6 Org Chart	Wyatt_DHS_2722675
2022	District 7 Org Chart	Wyatt_DHS_2722694
2022	District 8 Org Chart	Wyatt_DHS_2722710
2022	District 9 Org Chart	Wyatt_DHS_2722745
2022	ODHS Org Chart	Wyatt_DHS_2723184
2022	ORCAH Org Chart	Wyatt_DHS_2722978
2022	CFSR Quick Reference List	Wyatt_DHS_2721734
2022	Explanation of Items Measured in CFSR reviews 2022	Wyatt_DHS_2721541
2022	ORCAH Annual Report 2022	Wyatt_DHS_4564326
2022	1149 cheat sheet safety plan lecture activity	To produce
2022	CISM flyer v3	To produce
2022	Scheduling CISM for critical incidents outline draft	To produce
2023	2023 – Legislative Session Highlights Overview	Wyatt_DHS_4562335
2023	2024 APSR State Checklist PI-23-01.docx	Wyatt_DHS_4467220
2023	02 Vision for Transformation	Wyatt_DHS_4466159
2023	03 Sibling Bill of Rights	Wyatt_DHS_4466029
2023	05 Ch 5 Sec 26	Wyatt_DHS_4467003
2023	06 ODE Annual Report Card (2021–2022)	Wyatt_DHS_4466358
2023	07 Item 3 attachment – Communicating effectively with People Who Have SUD AUD	Wyatt_DHS_4466702
2023	08 ADA Resources for Child Welfare Staff	Wyatt_DHS_4466242
2023	09 Textured Tending– Final	Wyatt_DHS_4466928
2023	10 Workforce Safety and Well-Being Procedure	Wyatt_DHS_4466931
2023	11 NPCS SSIT Reference Guide	Wyatt_DHS_4466248
2023	13 OR Children's ITS Rate Study Report_FINAL2	Wyatt_DHS_4466491



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2023	14 PRTF Capacity Memo	Wyatt_DHS_4466031
2023	15 Children's Intensive Treatment Services Rate Study February 2023	Wyatt_DHS_4466473
2023	16 Joint JCIP-ODHS Safety Questions Project Update	Wyatt_DHS_4466886
2023	17 CBCS Work Plan	Wyatt_DHS_4467256
2023	18 All Certification Specific Tools	Wyatt_DHS_4466888
2023	19 Yamhill SDDR	Wyatt_DHS_4467258
2023	20 ORCAH Quarterly Report 2023 First Quarter	Wyatt_DHS_4466587
2023	21 OTP FOCUS Protocol for One Time Payments for Start	Wyatt_DHS_4467287
2023	22a Prevention Plan	Wyatt_DHS_4467602
2023	22b 68 pgs	Wyatt_DHS_4467740
2023	22c	Wyatt_DHS_4467808
2023	23 CFPRP Vision for Transformation	Wyatt_DHS_4466569
2023	24 Safe Sleep for Oregon's Infants	Wyatt_DHS_4466516
2023	25 Fatality Protocol	Wyatt_DHS_4466231
2023	26 NPCS Resource Guide 2023	Wyatt_DHS_4466443
2023	27 ELD – Title IV–B2 Family Preservation and Family Support Services 2022 report	Wyatt_DHS_4466639
2023	28 OR_2022FULL_NYTD_Served	Wyatt_DHS_4466570
2023	29 Driver Ed Poster_Flyer	Wyatt_DHS_4466355
2023	30 SB 209	Wyatt_DHS_4466646
2023	31 2021–22 Chafee Graduation Report	Wyatt_DHS_4466644
2023	32 ODHS OJD HB 4214 and SB 562 ORICWA Report September 2022	Wyatt_DHS_4466311
2023	33 CAPTA Coordinator Activities Summary	Wyatt_DHS_4466561
2023	37 Oregon Statewide Maternal, Infant, & Early Childhood Home Visiting Program 2020 Needs Assessment	Wyatt_DHS_4466062



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2023	38 2023 Recruitment & Retention Bundled Material	Wyatt_DHS_4466673
2023	39 June-2023-RR-Action-Plan-Summary	Wyatt_DHS_4466824
2023	40 May-2023-Statewide-Recap-Report-Summary	Wyatt_DHS_4466776
2023	43 Training Workforce Plan 2023	Wyatt_DHS_4467599
2023	45 SSS1 12 Month Training Plan	Wyatt_DHS_4466245
2023	46 PEMC 12 Month Training Plan	Wyatt_DHS_4466239
2023	CRB Packets – Where to Find What Information	To produce
2023	Essential Elements Session Summaries – Portland State University	To produce
2023	Social Service Specialist 1 Professional Development Portland State University	To produce
2023	2023_Q2_HB2333.xls	To produce
2023	CW Procedure Manual – Ch 6 Adoption, Guardianship and Other Perm Plans	To produce
2023	SOCAC Legislative Report and Recommendations	Wyatt_DHS_4665757
2023	Jan to Sept 2023 Caseload dashboard screenshots	Wyatt_DHS_4665889
2023	Temp Lodging Infographic	Wyatt_DHS_4665939
2023	CW RSN Equity framework	To produce
2023	Fact Sheet: RSN program description 2023	To produce
2023	Treatment Services supports families of children with complex needs	To produce
1/1/2006	Oregon Foster Parent Bill of Rights	Wyatt_DHS_0061258
7/13/2011	CWAC Bylaws	Wyatt_DHS_0271299
3/4/2015	2015 Abuse Hotline Screen Position Description	Wyatt_DHS_0047885
7/6/2015	Initial Safety Plan Template Mapping	To produce
1/17/2016	A.R. v. State Interim Settlement Agreement	To produce
3/24/2016	ILP OR-Kids Reference Guide	Wyatt_DHS_0046947
3/25/2016	CFSR Statewide Assessment	Wyatt_DHS_0815362



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5/10/2016	2016-05-10 SB 1515 Staff Message	Wyatt_DHS_0716643
5/25/2016	2016-05-25 SB 1515 Changes to licensing on-site review schedule and process	Wyatt_DHS_0063378
6/28/2016	2016-06-28 SB 1515 DHS Director's Message, Rules Advisory Committee	Wyatt_DHS_0063383
7/20/2016	2016-07-20 Stakeholder Meetings on SB 1515	Wyatt_DHS_0063400
10/13/2016	DHS Director Clyde Saiki letter to Gov Brown identifying improvements	To produce
11/3/2016	cca-reporting-requirements	Wyatt_DHS_0063452
12/5/2016	cirt-xl-initial-final-report	Publicly available
12/13/2016	gj-cirt-initial	Publicly available
1/9/2017	Flow Caseworker Training Redesign	Wyatt_DHS_0267376
1/24/2017	NE Initial Report	Publicly available
1/24/2017	H H Initial and Final Report	Publicly available
2/2/2017	Child Safety Implementation Plan Schedule	To produce
2/13/2017	Implementation Plan V1 UCYSIP-021317	Wyatt_DHS_2162775
2/23/2017	DHS Director Clyde Saiki letter to Gov Brown	To produce
2/28/2017	Unified Youth Safety Implementation Plan for Oregon 022817	Wyatt_DHS_0134128
3/3/2017	Proposed Steering Team Charter	To produce
3/3/2017	Unified Child and Youth Safety Implementation Plan, Steering Team Presentation	Wyatt_DHS_0240593
3/7/2017	Attachment B new applicant OOSP	Wyatt_DHS_0063110
3/15/2017	CWAC Agenda	Wyatt_DHS_0313359
3/15/2017	CWAC Minutes	To produce
3/16/2017	HB 2216 Passes	To produce
3/27/2017	Child Welfare Caseworker Competencies	Wyatt_DHS_0061231
3/28/2017	steering-team-charter	Wyatt_DHS_2163799
4/6/2017	Out of State Policies and Procedures Checklist	Wyatt_DHS_0289178



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4/17/2017	KA CIRT Initial and Final Report	Publicly available
5/1/2017	D10 PIP Charts May-17	To produce
5/10/2017	Steering Team Presentation-5-10-17	Wyatt_DHS_1955333
5/16/2017	child-safety-reflections	Wyatt_DHS_0229420
5/17/2017	CWAC Agenda	To produce
5/17/2017	CWAC Minutes	To produce
5/23/2017	Stakeholder-one pager	Wyatt_DHS_0801994
6/22/2017	Letter to Governor re ODHS updates	To produce
6/29/2017	Child Safety Plan Overview	To produce
7/1/2017	Overview Caseworker Training Redesign	Wyatt_DHS_0061848
7/1/2017	D12 PIP Charts Jul-17	To produce
7/1/2017	D13 PIP Charts Jul-17	Wyatt_DHS_0229358
7/6/2017	projects-status-reports	Wyatt_DHS_0062616
7/18/2017	project-plan-schedule	Wyatt_DHS_0192007
7/18/2017	workgroup-membership	Wyatt_DHS_0062662
7/19/2017	CWAC Minutes	Wyatt_DHS_2165057
7/19/2017	CWAC-Agenda-7-19-17	To produce
7/19/2017	CB CIRT Initial - Final Report	Publicly available
7/21/2017	Steering-team-pp-07-21-17	Wyatt_DHS_2165292
8/10/2017	CW-Directors-Message	Wyatt_DHS_0062855
8/23/2017	Out of State Physical Plant Checklist	Wyatt_DHS_0063120
8/23/2017	Out of State Residential Checklist	Wyatt_DHS_0289170
9/1/2017	CW Action Plan Work Schedule	Wyatt_DHS_2574634
9/6/2017	September 2017 Status Reports	Wyatt_DHS_0062614
9/18/2017	CFCAC Minutes 91817	Wyatt_DHS_0064307
9/18/2017	DHS Updates to Governor Brown	Wyatt_DHS_0815360
9/18/2017	DHS Updates to Governor Brown 91817	Wyatt_DHS_0815360



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9/19/2017	September 2017 Steering Team Presentation	Wyatt_DHS_1716804
9/27/2017	2017-09-27 CWAC-Agenda	Wyatt_DHS_0801975
9/27/2017	CWAC-Minutes-9-27-17	To produce
10/1/2017	D1 PIP Charts Oct-17	Wyatt_DHS_1412549
10/1/2017	D14 PIP Charts Oct-17	To produce
11/6/2017	10 Priority Projects – November Status Reports	Wyatt_DHS_0062616
11/8/2017	2017 Child Welfare Research Priorities	Wyatt_DHS_0047823
11/9/2017	2017-11-09 CAPECO ILP Program Review Report- 1192017	Wyatt_DHS_0135266
11/15/2017	Steering Team Presentation – Nov 15, 2017	Wyatt_DHS_0238895
11/20/2017	CFCAC Minutes 112017	Wyatt_DHS_0064256
12/5/2017	CW-Directors-Message	Wyatt_DHS_0062854
Jan-18	ILP Referral Form CF 0080	Wyatt_DHS_0880688
1/17/2018	CWAC-Agenda	To produce
1/17/2018	CWAC-Minutes-1-17-18	To produce
1/19/2018	Project Status Reports January 19, 2018	Wyatt_DHS_0062618
1/22/2018	CFCAC Minutes 12218	Wyatt_DHS_0064226
1/29/2018	SOS Audit of Child Welfare DHS	Wyatt_DHS_0059767
1/29/2018	2018 SOS Audit Response from DHS	Wyatt_DHS_0059767
1/31/2018	Steering Team Presentation, January 31, 2018	Wyatt_DHS_0241104
1/31/2018	Steering Team Roster	To produce
2/7/2018	KEEP Standard Curriculum by Week	Wyatt_DHS_0061028
3/6/2018	DHS & OHA Continuum of Care – Proposed Systemic Solutions	Wyatt_DHS_0062755
3/8/2018	DHS Director Letter to Governor Brown 030818	Wyatt_DHS_0242759
3/9/2018	DHS Updates to Governor Brown	Wyatt_DHS_0063469
3/9/2018	Director Update, Kate Brown	Wyatt_DHS_0063469
3/14/2018	CWAC-Agenda-3-14-18	To produce
3/14/2018	CWAC-Minutes-3-14-18	To produce



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3/14/2018	2017 DHS Summary Scorecard Q4 2017	To produce
3/15/2018	2018-03 March Child Welfare Progress Report	Wyatt_DHS_0134170
3/19/2018	CFCAC Minutes 31918	Wyatt_DHS_0064269
3/26/2018	Project-Status-Reports-April	Wyatt_DHS_0062620
4/5/2018	Child-Safety-Plan-Steering-Team-Deck-April-2018	Wyatt_DHS_0239691
4/16/2018	2018-04 April Child Welfare Progress Report	Wyatt_DHS_0245445
5/1/2018	USCP-Governance	Wyatt_DHS_1955332
5/1/2018	D10 PIP Charts May-18	Wyatt_DHS_2697816
5/3/2018	2018-05 ORRAI Methodology- Write Up	Wyatt_DHS_0114339
5/21/2018	CFCAC Minutes 52118	Wyatt_DHS_0064273
5/21/2018	Caregiver-Presentation-Handouts	Wyatt_DHS_2230333
6/7/2018	SH CIRT Initial and Final Report	Publicly available
6/15/2018	Task A Project Charter	Wyatt_DHS_0062596
6/18/2018	CW Field Staff Engagement v12-Final	Wyatt_DHS_0224308
6/19/2018	Project G - Membership List - Centralized Hotline	Wyatt_DHS_0062943
6/19/2018	Enhancing Community Engagement Workgroup	Wyatt_DHS_0062605
6/21/2018	CW-Directors-Message	Wyatt_DHS_0062868
6/27/2018	RH-CIRT-Final-Report	Publicly available
6/27/2018	Project-Status-Report-June-2018	Wyatt_DHS_0252401
6/28/2018	Unified Child and Youth Safety Implementation Plan, Steering Team Presentation	Wyatt_DHS_2630598
7/1/2018	D12 PIP Charts Jul-18	Wyatt_DHS_2697832
7/1/2018	D13 PIP Charts Jul-18	Wyatt_DHS_2697836
7/16/2018	CFCAC Minutes 71618	Wyatt_DHS_0064290
7/18/2018	CWAC Agenda	To produce
7/21/2018	Comments to ACYF Re Decisions for Clearinghouse on Evidence Based Practices for FFPSA	Wyatt_DHS_0261023



DATE	Description	BATES NO. / DKT NO.
7/24/2018	Statewide Hotline Analysis	Wyatt_DHS_0122713
7/27/2018	Temporary Lodging Placement Approval Protocol	Wyatt_DHS_1927590
8/1/2018	CW Field Staff EE Round 1-Summary Report Wave1	Wyatt_DHS_2184253
8/1/2018	D11 PIP Charts Aug-18	Wyatt_DHS_2697844
8/3/2018	CW-Directors-Message	Wyatt_DHS_0062857
8/23/2018	Marilyn Jones Temp Lodging update re Settlement Agreement Implementation Strategic Plan	Wyatt_DHS_1901566
8/30/2018	2017 Oregon CFSR Round 3 Program Improvement Plan (PIP) resubmitted	Wyatt_DHS_0264378
9/1/2018	Centralized-Hotline-Transition-Plan	Wyatt_DHS_0062851
9/1/2018	Continuum-Of-Care-Transition-Plan	Wyatt_DHS_0062752
9/1/2018	Coordinated-Response-To-Abuse-Transition-Plan	Wyatt_DHS_0062819
9/1/2018	Enhancing-Com-Engagement-Transition-Plan	Wyatt_DHS_0062605
9/1/2018	Fidelity-Transition-Plan	Wyatt_DHS_0062721
9/1/2018	Recruitment-And-Retention-Of-Caseworkers	Wyatt_DHS_0062679
9/1/2018	Supervisor-Training-Transition-Plan	Wyatt_DHS_0062706
9/1/2018	Task A - Enhancing Community Engagement Overview	Wyatt_DHS_0062648
9/12/2018	Governor's Children's Cabinet Agenda	Wyatt_DHS_2578607
9/12/2018	Governor's Child Welfare Policy Agenda	Wyatt_DHS_0875663
9/17/2018	AR Notice 1 Substantial Noncompliance of SA	Wyatt_DHS_2630760
10/1/2018	D1 PIP Charts Oct-18	Wyatt_DHS_0186980
10/1/2018	D14 PIP Charts Oct-18	Wyatt_DHS_2265734
10/2/2018	T-D-CIRT-Final-Report	Publicly available
10/2/2018	October-Steering-Team-Meeting-Handouts	Wyatt_DHS_2170193
10/5/2018	JJ-Public-Report	Publicly available
10/8/2018	Temporary Lodging Placement Approval Protocol	Wyatt_DHS_0777466
10/15/2018	CFCAC Minutes 101518	Wyatt_DHS_0064246



DATE	Description	BATES NO. / DKT NO.
10/17/2018	DOJ Letter to Oregon Law Center re substantial compliance	Wyatt_DHS_2630706
10/18/2018	LS-SS-CIRT-Final-Report	Publicly available
10/23/2018	Child Welfare Fundamentals Map	Wyatt_DHS_0276016
10/23/2018	Unified Plan-Steering Team Meeting Notes	To produce
10/26/2018	T-C-CIRT-Public-Report	Publicly available
11/1/2018	JK-CIRT-Public-Report	Publicly available
11/1/2018	S-S-CIRT-Final-Report	Publicly available
11/7/2018	OHA Behavioral Health Capacity and Access Ask	Wyatt_DHS_0780827
11/9/2018	CW Field Staff EE Wave2-Summary Report Wave2	Wyatt_DHS_2184284
11/16/2018	NA-CIRT-Final-Report	Publicly available
11/19/2018	CFCAC Minutes 111918	Wyatt_DHS_0064249
12/4/2018	pa-CIRT-public-report	Publicly available
12/7/2018	Caregiver Support Development Workgroup Proposal	Wyatt_DHS_0063066
12/11/2018	District 2 Child Welfare Org Chart (Portland – Multnomah County)	Wyatt_DHS_0169174
12/13/2018	PA CIRT-Status-Report	Publicly available
12/18/2018	BP CIRT Public Report	Publicly available
12/18/2018	December-Handouts-Steering-Team	Wyatt_DHS_0780640
12/18/2018	Unified Plan-Steering Team Meeting Notes	To produce
12/27/2018	AV-CIRT-Public-Report	Publicly available
1/18/2019	2019-21 Biennium DHS Ways & Means Documents	Publicly available
1/18/2019	Hotline-Project-Closing-Summary	Wyatt_DHS_0062863
1/22/2019	Closing Document ORCAH Incoming Calls (updated June 2020)	Wyatt_DHS_2675666
1/24/2019	JJ-CIRT-Status-Report	Publicly available
1/24/2019	A_Threshold_of_Fairness_	Wyatt_DHS_0124402
1/28/2019	CFCAC Minutes 12819	Wyatt_DHS_0064229



DATE	Description	BATES NO. / DKT NO.
2/1/2019	S-G-CIRT Public-Report	Publicly available
2/1/2019	CW Field Staff EE Wave3-Summary Report Wave3	Wyatt_DHS_2184307
2/5/2019	CM-CIRT-Public-Report	Publicly available
2/5/2019	Memorandum re Caregiver Support and Retention Workgroup	Wyatt_DHS_0188031
2/11/2019	EH CIRT Public Report	Publicly available
2/11/2019	RY-CIRT-Public-Report	Publicly available
2/18/2019	Presentation Temp Lodging and OOS Res Placements by Jason Wallin at ORRAIpptx	Wyatt_DHS_1902397
2/18/2019	Presentation Temp Lodging and OOS Res Placements by Jason Wallin at ORRAI	Wyatt_DHS_0880198
2/19/2019	Child Care Family First	Wyatt_DHS_0063188
2/19/2019	ILP Family First	Wyatt_DHS_0063190
3/7/2019	Steering-Team-Handouts-2019-03-07	Wyatt_DHS_0216600
3/7/2019	Unified Plan-Steering Team Meeting Notes	To produce
3/12/2019	2019 Q1 Letter to Director Jones	Wyatt_DHS_1922390
3/25/2019	RB-CIRT-Public-Report	Publicly available
3/26/2019	DB-CIRT-Public-Report	Publicly available
4/5/2019	Hotline-Weekly-Update-4-5-19	Wyatt_DHS_0062867
4/8/2019	DB CIRT Public Report	Publicly available
4/8/2019	LM-CIRT-Status-Report	Publicly available
4/8/2019	OOS Placement Data	Wyatt_DHS_0062545
4/10/2019	Oregon DHS Announces Plan to Serve Youth in Oregon	Wyatt_DHS_0787137
4/16/2019	Class Action Complaint	DKT 1
4/18/2019	OR Executive Order 19-03 Creating CWOB (https://www.oregon.gov/gov/eo/eo_19-03.pdf)	Publicly available
4/18/2019	Press Release Governor Brown Creates Child Welfare Oversight Board (https://www.pressreleasepoint.com/governor-brown-creates-	Publicly available



DATE	Description	BATES NO. / DKT NO.
	child-welfare-oversight-board-address-immediate-issues-child-welfare)	
4/18/2019	2019-03 Governor's Executive Order to Address the Crisis in OR's Child Welfare System	Wyatt_DHS_0057587
4/19/2019	DHS Update on CW Placements – SHS	Wyatt_DHS_0000019
4/19/2019	OOS Placement Data	Wyatt_DHS_0062546
4/25/2019	Senator Gelser written questions re detention in OLIS – SHS	Wyatt_DHS_0000118
4/25/2019	Press Release Governor Brown Appoints Members of Child Welfare Oversight Board (https://www.pressreleasepoint.com/governor-brown-appoints-members-child-welfare-oversight-board)	Publicly available
4/26/2019	CWOB Member Bios	Wyatt_DHS_0134100
4/26/2019	OOS Placement Data	Wyatt_DHS_0062547
4/29/2019	The 1149 Guide	To produce
4/29/2019	Prevention Services Programs (Family First)	Wyatt_DHS_1428018
4/30/2019	Written testimony out of state placements Red Rock – SHS	Wyatt_DHS_0000121
4/30/2019	2019 Q2 CFSR Progress Report	Wyatt_DHS_1489662
5/1/2019	D10 PIP Charts May-19	Wyatt_DHS_1983557
5/2/2019	DHS Update on CW Placement Facilities– SHS	Wyatt_DHS_0000001
5/3/2019	OOS Placement Data	Wyatt_DHS_0062586
5/7/2019	PSU Oregon Youth Policy Project – Final Report	Wyatt_DHS_0217848
5/7/2019	DHS Update on Out of State Placements – SHS	Wyatt_DHS_0000042
5/7/2019	PSU Oregon Youth Policy Project Report	Wyatt_DHS_0217848
5/10/2019	Red Rock Academy Response – SHS	Wyatt_DHS_0000115
5/10/2019	OOS Placement Data	Wyatt_DHS_0062590
5/13/2019	OOS Placement Data	Wyatt_DHS_0054482
5/14/2019	DHS Family First Presentation	Wyatt_DHS_0223686



DATE	Description	BATES NO. / DKT NO.
5/14/2019	DHS Update on Out of State placements – SHS	Wyatt_DHS_0000050
5/14/2019	NP CIRT Public Report	Publicly available
5/14/2019	Family First PP re Placementspptx	Wyatt_DHS_0223686
5/15/2019	CW Field Staff EE Wave4–Summary Report	Wyatt_DHS_2184307
5/16/2019	Legislative Response Matrix – Master (Incl embedded files)	Wyatt_DHS_0000056
5/16/2019	Legislative Response Matrix – Master 5162019 – Out of State Questions Pt 1xlsb	Wyatt_DHS_0000075
5/16/2019	G2Governor's Update	Wyatt_DHS_0134800
5/16/2019	B–B– CIRT Public–Report	Publicly available
5/16/2019	ZHF CIRT Public Report	Publicly available
5/17/2019	OOS Placement Data	Wyatt_DHS_0062591
5/20/2019	CFCAC Agenda 52019	Wyatt_DHS_0064224
5/24/2019	2019–05 May	Wyatt_DHS_0030945
5/24/2019	CV CIRT Public Report	Publicly available
5/24/2019	OOS Placement Data	Wyatt_DHS_0062592
5/29/2019	KP CIRT Public Report	Publicly available
5/30/2019	EB CIRT Status Report	Publicly available
5/30/2019	MH CIRT Public Report	Publicly available
6/6/2019	Steering–Team–Handouts	Wyatt_DHS_0061130
6/7/2019	OOS Placement Data	Wyatt_DHS_0062582
6/11/2019	G6Governor's Update	Wyatt_DHS_0134828
6/12/2019	AP CIRT Public Report	Publicly available
6/14/2019	OOS Placement Data	Wyatt_DHS_0062583
6/18/2019	G7Governor's Update	Wyatt_DHS_0133083
6/18/2019	G7aWorkforce–Oregon Governor's Workforce Update	Wyatt_DHS_0134802
6/19/2019	Cap21–Care Coordination Meeting Notes	Wyatt_DHS_0133383
6/21/2019	OOS Placement Data	Wyatt_DHS_0062584



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6/22/2019	gf-cirt-public-report	Publicly available
6/25/2019	G8Governor's Update	Wyatt_DHS_0134837
6/27/2019	Cap34-Workstream Charter_Care Coordination	Wyatt_DHS_0133419
6/27/2019	02 Cap35-SwitchingCCOcoverage	Wyatt_DHS_0133422
6/28/2019	OOS Placement Data	Wyatt_DHS_0062585
6/29/2019	Senate Bill 171 C – Summary re Family First	Wyatt_DHS_1983636
7/1/2019	AC-CIRT-Status-Report	Publicly available
7/1/2019	CP-CIRT-Status-Report	Publicly available
7/1/2019	D12 PIP Charts Jul-19	Wyatt_DHS_1987478
7/1/2019	D13 PIP Charts Jul-19	Wyatt_DHS_1987498
7/2/2019	G9Governor's Update	Wyatt_DHS_0134845
7/5/2019	OOS Placement Data	Wyatt_DHS_0062578
7/8/2019	Cap25-IDD Restrictive Intervention Call with CW	Wyatt_DHS_0133392
7/10/2019	Cap9-Update_710DMMMeetingFosterCareUpdate	Wyatt_DHS_0133274
7/12/2019	OOS Placement Data	Wyatt_DHS_0062579
7/15/2019	G10aCapacity-Applications Received Tracker	Wyatt_DHS_0134821
7/15/2019	DHS Platform For Success_Research 715	Wyatt_DHS_0114761
7/15/2019	TA Decker completes the Temp Lodging work plan	Wyatt_DHS_1745911
7/16/2019	Multi-Agency Behavior Rehabilitation Services (BRS) Guide	Wyatt_DHS_0056857
7/16/2019	G10Governor's Update	Wyatt_DHS_0134858
7/16/2019	A Policy Meeting w Leadership Next Steps	Wyatt_DHS_0188798
7/16/2019	Background info Trans and Non-binary licensing workgroup	Wyatt_DHS_0190109
7/16/2019	Transgender and Nonbinary Youth Workgroup – current BRS rule	Wyatt_DHS_0890302
7/16/2019	Application for License – Private Child Caring Agency OOSP	Wyatt_DHS_0289206
7/19/2019	District 6 Child Welfare Org Chart (Douglas County)	Wyatt_DHS_2690748



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7/19/2019	OOS Placement Data	Wyatt_DHS_0062580
7/22/2019	REVISED_OOST Res Procedure [draft]-7 (1)	Wyatt_DHS_0289163
7/25/2019	Defendants' Motion to Dismiss or, in the Alternative, to Make More Definite and Certain	DKT 31
7/26/2019	Placement Data	Wyatt_DHS_0062581
7/29/2019	LM-CIRT-Public-Report	Publicly available
7/30/2019	SPRF 2019 Legislative Report (https://www.oregonlegislature.gov/citizen_engagement/Reports/2019-DHS-Strengthening%20Preserving%20and%20Reunifying%20Families%20Programs.pdf)	Publicly available
7/31/2019	G11 Governor's Update	Wyatt_DHS_0135075
7/31/2019	MEMO CW Oversight Board	Wyatt_DHS_1920044
Aug-19	BRS Referral Form CF 1055	Wyatt_DHS_4645387
8/1/2019	OTIS OOS Oversight Procedure	Wyatt_DHS_0289199
8/1/2019	Out of State Residential review tool	Wyatt_DHS_0675013
8/1/2019	D11 PIP Charts Aug-19	Wyatt_DHS_1988568
8/2/2019	OOS Placement Data	Wyatt_DHS_0062548
8/5/2019	G12bComms-Communications Overview Deck	Wyatt_DHS_0134868
8/6/2019	G12 Governor's Update	Wyatt_DHS_0135083
8/6/2019	AS CIRT Public Report	Publicly available
8/7/2019	Cap7-Correspondance_fpt-letter-to-oregon-governor-foster-parents-v1 pt1	Wyatt_DHS_0133265
8/8/2019	Child Welfare Required Training Checklist	Wyatt_DHS_1911283
8/8/2019	Plaintiffs' Response to Defendants' Motion to Dismiss	DKT 35
8/9/2019	DHS Platform for Success- Reserach P2	Wyatt_DHS_0114821
8/9/2019	OOS Placement Data	Wyatt_DHS_0062549
8/11/2019	Cap13- [DRAFT] Continuum of Care Graphic	Wyatt_DHS_0133303
8/13/2019	A&M PMO Status Update Deck v5	Wyatt_DHS_0774374



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8/13/2019	G13Governor's Update	Wyatt_DHS_0134874
8/13/2019	Train10-[DRAFT] Training Map	Wyatt_DHS_0133646
8/13/2019	OOSP Contact Info Form	Wyatt_DHS_0063115
8/13/2019	OOSP Suitability Questionnaire	Wyatt_DHS_0063160
8/14/2019	BRIEF1-AM Legislative Briefing	Wyatt_DHS_0133048
8/15/2019	CW Field Staff EE Wave5-Summary Report	Wyatt_DHS_2184307
8/16/2019	OOS Placement Data	Wyatt_DHS_0062550
8/19/2019	2019-08-19 DW CIRT Public Report	Publicly available
8/19/2019	DHS Central and Shared Services Organizational Structure - Detailed	Wyatt_DHS_0140429
8/20/2019	[Final Edits] Cap32-SB1 and Legislative Investments	Wyatt_DHS_0133413
8/20/2019	G14Governor's Update	Wyatt_DHS_0774387
8/21/2019	Meeting Leadership Council notes PRIDE ERG	Wyatt_DHS_0189166
8/22/2019	Reply in Support of Defendants' Motion to Dismiss	DKT 45
8/23/2019	EG CIRT Public Report	Publicly available
8/27/2019	G15Governor's Update	Wyatt_DHS_0134894
8/27/2019	G15bData-Overdue Assessments Dashboard	Wyatt_DHS_0134904
9/6/2019	za-cirt-public-report	Publicly available
9/10/2019	G16Governor's Update	Wyatt_DHS_0134908
9/10/2019	G16a Data-OOS Dashboard	Wyatt_DHS_0134906
9/10/2019	G16c Workforce Summary Surge Hire Updates	Wyatt_DHS_0134918
9/10/2019	G17aCapacity-[DRAFT] Adaptive Leadership Expected Behaviors	Wyatt_DHS_0134926
9/10/2019	Public Records Update	Wyatt_DHS_0134686
9/10/2019	Summary - Surge Hire Updates 910	Wyatt_DHS_0133598
9/10/2019	OOS Dashboard	Wyatt_DHS_0059507
9/13/2019	Reunification and Achieving Permanency (Marion County Pilot)	Wyatt_DHS_0126673



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9/16/2019	A&M Legislative Briefing	Wyatt_DHS_2565094
9/16/2019	BRIEF2-AM Legislative Briefing	Wyatt_DHS_0133059
9/17/2019	Memo - Family First Implementation & Policy Work Group	Wyatt_DHS_0056476
9/19/2019	ORCAH Statewide Conference Call	Wyatt_DHS_0724773
9/20/2019	OOS Dashboard	Wyatt_DHS_0133538
9/24/2019	BRIEF3-AM Labor Briefing	Wyatt_DHS_0795389
9/24/2019	G18Governor's Update	Wyatt_DHS_0134961
9/26/2019	2019-07 Governor's Amend Executive Order	Wyatt_DHS_0115055
9/30/2019	OOSYouthData20190930	Wyatt_DHS_2630610
10/1/2019	Attachment A - Initial Licensing Required Documents for Out of State Providers	Wyatt_DHS_0063109
10/1/2019	D1 PIP Charts Oct-19	Wyatt_DHS_0290067
10/2/2019	Train 7-Pretraining Activities	Wyatt_DHS_0133635
10/2/2019	Predictive Analytics to Support Screening & Reunification Decisions	Wyatt_DHS_0127486
10/3/2019	Social Service Assistant On-Ramp Checklist	Wyatt_DHS_2186512
10/3/2019	Train 5-On-Ramps by Position	Wyatt_DHS_0133627
10/3/2019	State of Oregon Child Safety Plan - Project G- Oregon Child Abuse Hotline	Wyatt_DHS_0062959
10/3/2019	Out of State Placement Exception Request	Wyatt_DHS_0063118
10/7/2019	DHS Organizational Chart	Wyatt_DHS_0140442
10/8/2019	A&M 12 Mo Training Plan re new hires	Wyatt_DHS_2099152
10/8/2019	Train 4-12 Mo Training Plan	Wyatt_DHS_0133623
10/11/2019	Pre training Activities	Wyatt_DHS_2699334
10/13/2019	NCCD- Meeting Slidespptx	Wyatt_DHS_0127395
10/14/2019	G19a Data- OOS Dashboard	Wyatt_DHS_0134982
10/14/2019	G19b Data- Open Assessments Dashboard	Wyatt_DHS_0134980
10/14/2019	G19d Data- SSS1 Dashboard	Wyatt_DHS_0134985



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10/14/2019	G19e Data-Statewide All Dashboard	Wyatt_DHS_0134985
10/14/2019	OOS Dashboard	Wyatt_DHS_0133568
10/15/2019	Comms3-AM Initiative Key Accomplishments for Communications	Wyatt_DHS_0133517
10/15/2019	G19 Governor's Update	Wyatt_DHS_0134991
10/16/2019	CW Policymaking Process	Wyatt_DHS_4209219
10/17/2019	ORRAI, Creating a Data-Informed Child Welfare System PP	Wyatt_DHS_4397708
10/21/2019	Train 6 -On Ramps by Position	Wyatt_DHS_0133630
10/22/2019	G20 Governor's Update	Wyatt_DHS_0135049
10/22/2019	G20aORCAH- Care Card Rollout Materials	Wyatt_DHS_0135000
10/22/2019	G20b Capacity- DM and CCO Meeting Summary	Wyatt_DHS_0135036
10/22/2019	G20cData- OOS Dashboard	Wyatt_DHS_0135045
10/22/2019	G20d Data-Open Assessments Dashboard	Wyatt_DHS_0135034
10/22/2019	2019-10-22 CP CIRT Public Report	Publicly available
10/22/2019	OOS Dashboard	Wyatt_DHS_0133578
10/24/2019	Training On ramp Combined	Wyatt_DHS_2709632
10/25/2019	OR Executive Order No 19-08 (https://www.oregon.gov/gov/eo/eo_19-08.pdf)	Publicly available
10/25/2019	G21c Data-OOS Dashboard_10-25	Wyatt_DHS_0135058
10/25/2019	G21dData-Open Assessments Dashboard	Wyatt_DHS_0135060
10/25/2019	OOS Dashboard	Wyatt_DHS_1560755
10/27/2019	27X8QRC70B9-cirt-public-report	Publicly available
10/29/2019	A& M PMO Status Update_60 G21Governor's Update	Wyatt_DHS_0135065
10/29/2019	G21bWorkforce-Surge Hire Process Data and Waterfall	Wyatt_DHS_0135063
10/31/2019	2019 Q4 CFSR Progress Report	Wyatt_DHS_0894784
10/31/2019	2019-21 DHS Legislatively Adopted Budget	Publicly available
10/31/2019	2019-21 Oregon Legislatively Adopted Budget Detailed Analysis	Publicly available



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10/31/2019	OOSYouthData20191031	Wyatt_DHS_2630611
11/1/2019	ORRAI Status Report, Nov 2019	Wyatt_DHS_1492608
11/5/2019	District Manager Team Meeting Agenda	Wyatt_DHS_0226055
11/12/2019	2019-11-12 84B851G16E CIRT Final Report	Publicly available
11/12/2019	CW Field Staff EE Wave 6-Summary Report	To produce
11/14/2019	OOS Dashboard	To produce
11/15/2019	D2GTOVKP4K CIRT Final Report	Publicly available
11/15/2019	EB CIRT Public Report	Publicly available
11/21/2019	045TVVIMJR CIRT Final Report	Publicly available
11/30/2019	OOSYouthData20191130	Wyatt_DHS_2630612
12/2/2019	8T2MMRJSIM CIRT Final Report	Publicly available
12/4/2019	Child Welfare LOA's - Signed	Wyatt_DHS_2673719
12/4/2019	GKB Children's Cabinet 2020 Plan	Wyatt_DHS_0170403
12/4/2019	OOS Dashboard	Wyatt_DHS_0226777
12/5/2019	Press Release Governor Brown Commends CWOB	Wyatt_DHS_0140549
12/9/2019	BRS Rate Increase Letter	Wyatt_DHS_0798194
12/9/2019	Request for Funding SPRF Letter	Wyatt_DHS_0170281
12/9/2019	Motion to Certify the Class Oral Argument requested Filed by All Plaintiffs	DKT 64
12/9/2019	Positions Related to Gov Brown's Exec Order on CW Letter	Wyatt_DHS_0227059
12/10/2019	DHS Organizational Chart	Wyatt_DHS_0140551
12/10/2019	OOS Dashboard	To produce
12/12/2019	MHSMVDU48T CIRT Final Report	Publicly available
12/17/2019	A&M Closing Transition Deck vFINAL	Wyatt_DHS_0798340
12/26/2019	ISBLEKXAKG CIRT Final Report	Publicly available
12/31/2019	CW Policymaking Flowchart	To produce
12/31/2019	CW Policy Worksheet 12-31-19docx	Wyatt_DHS_1944133



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12/31/2019	OOS Youth Data	Wyatt_DHS_2630613
1/7/2020	OHA-DHS Memo to Gov re PRTS capacity	Wyatt_DHS_0170414
1/7/2020	OHA DHS PRTS Capacity Memo	Wyatt_DHS_0170414
1/14/2020	Rebecca Jones Gaston Update to House Committee – includes budget request	Wyatt_DHS_0170374
1/15/2020	PP Psychiatric Residential Treatment Capacity – Children's Cabinet	Wyatt_DHS_0170418
1/15/2020	Agenda – Children Cabinet	Wyatt_DHS_0170299
1/15/2020	Children's Cabinet CW Update-current draft	Wyatt_DHS_0170311
1/15/2020	PP Psychiatric Residential Treatment Capacity	Wyatt_DHS_0170418
1/15/2020	Child Welfare Improvements Overview ATT C	Wyatt_DHS_0170519
1/15/2020	Child Welfare Improvements Overview	Wyatt_DHS_2788453
1/15/2020	PP PRTS Children's Cabinet	Wyatt_DHS_0170418
1/17/2020	AR84612OB4 CIRT Final Report	Publicly available
1/17/2020	HXA64P1R37 CIRT Final Report	Publicly available
1/17/2020	LGUA06TIP4 CIRT Final Report	Publicly available
1/22/2020	SOGIE Policy (Ch 5, Sec 41) updated January 2020	Wyatt_DHS_0171619
1/23/2020	Personal Care Assessment 0–24 Months	Wyatt_DHS_0181041
1/23/2020	Personal Care Assessments Children & Youth 24 Months or Older	Wyatt_DHS_0181028
1/30/2020	In-Home Nursing Assessment	Wyatt_DHS_0181035
1/30/2020	Intake Nursing Assessment	Wyatt_DHS_0181046
1/31/2020	2020 Q5 OR PIP Progress Report	Wyatt_DHS_2688859
1/31/2020	QPUPT05OJ0 CIRT Final Report	Publicly available
1/31/2020	OOSYouthData20200131	Wyatt_DHS_2630614
2/3/2020	CW Field Staff EE Wave 7–Summary Report	To produce
2/4/2020	Comprehensive Portfolio Progress Report	Wyatt_DHS_0181052



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2/20/2020	OAR 413-053-000 -070 re Strengthening, Preserving and Reunifying Families	Publicly available
2/20/2020	WHO DOES WHAT AT CENTRAL OFFICE- Updated	Wyatt_DHS_1911296
2/29/2020	OOSYouthData20200229	Wyatt_DHS_2630615
3/2/2020	Comprehensive Portfolio Progress Report	Wyatt_DHS_2688066
3/4/2020	2020-03-04 2Z6MF2JXPN CIRT Final Report	Publicly available
3/8/2020	OR Executive Order 20-03 (https://www.oregon.gov/gov/eo/eo_20-03.pdf)	Publicly available
3/10/2020	2020-03-10 VTEGJV6MJK CIRT Final Report	Publicly available
3/12/2020	OR Executive Order 20-05 (https://www.oregon.gov/gov/eo/eo_20-05.pdf)	Publicly available
3/13/2020	TLWZ8NL2YG CIRT Final Report	Publicly available
3/16/2020	DHS CW FAQs and Guidance 3162020 Child Welfare	To produce
3/16/2020	CT - DCF memo to all staff (COVID-19 Guidance from CW)	To produce
3/18/2020	Overview of State Agencies of Child Welfare Services Response to COVID-19	To produce
3/19/2020	OR Executive Order 20-09 (https://www.oregon.gov/gov/eo/eo_20-09.pdf)	Publicly available
3/19/2020	OR Executive Order 20-10 (https://www.oregon.gov/gov/eo/eo_20-10.pdf)	Publicly available
3/20/2020	Proposal for suspending or modifying visitation family contact in juvenile dependency matters	To produce
3/20/2020	0QUOOFBXEB CIRT Final Report	Publicly available
3/22/2020	OR Executive Order 20-11 (https://www.oregon.gov/gov/eo/eo_20-11.pdf)	Publicly available
3/22/2020	DHS - Every Child and DHS Launch My Neighbor	To produce
3/23/2020	SEIU Concerns from Workers Tracker	Wyatt_DHS_2716859
3/23/2020	Gov News - Stay Home	To produce
3/23/2020	Gov-COVID-19-Joint-Task-Force-Initial-Report	To produce



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3/23/2020	OR Executive Order 20-12	Wyatt_DHS_2691429
3/24/2020	Director Letter Re Visitation	Wyatt_DHS_2691437
3/24/2020	Video Message from Oregon's Child Welfare Director Rebecca Jones Gaston (https://www.youtube.com/watch?app=desktop&fbclid=IwAR3DFPNjnOuN4xYGnDA3D3VOx880A9mJ3dA8V3tTknQaudVpzPbJPuN8HiM&feature=youtu.be&v=SoqlsY7TzAg)	Publicly available
3/26/2020	ZKRMVB3RXF CIRT Final Report	Publicly available
3/30/2020	DHS Email Re Child Welfare – Visitation Guidelines and Updates	To produce
3/30/2020	DHS Letter – Visitation Guidelines and Updates	To produce
3/30/2020	COVID-19 Recommendations for Certification Work	Wyatt_DHS_2760883
3/30/2020	CPS safety (COVID-19 Guidance from CW)	To produce
3/30/2020	PC Payment COVID-19	To produce
3/30/2020	Copy of Child Welfare COVID-19 Activity Tracker	To produce
3/30/2020	Copy of COVID-19 Communication Plans	To produce
3/30/2020	Copy of Laptop Names tracking	To produce
3/30/2020	DHS Letter – Visitation Guidelines and Updates	Wyatt_DHS_2691437
3/31/2020	OR.08 Number of Placements for Children in Foster Care, March 1, 2020 – March 31, 2020	To produce
3/31/2020	OOS Youth Data	Wyatt_DHS_2630616
4/1/2020	Comprehensive Portfolio Progress Report	Wyatt_DHS_2688073
4/1/2020	OR Executive Order 20-13 (https://www.oregon.gov/gov/eo/eo_20-13.pdf)	Publicly available
4/2/2020	DHS Email_FW_ Updated Visitation Info	To produce
4/3/2020	FW_ Visitation Guidelines update from Child Welfare Director Rebecca Jones Gaston	To produce
4/3/2020	DHS Revised Program-Guidance-Visitation	Wyatt_DHS_2691460
4/6/2020	OHA Treatment Guidelines	Wyatt_DHS_2691462



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4/7/2020	OR Executive Order 20-14 (https://www.oregon.gov/gov/eo/eo_20-14.pdf)	Publicly available
4/7/2020	OR Executive Order 20-15 (https://www.oregon.gov/gov/eo/eo_20-15.pdf)	Publicly available
4/7/2020	7EYWTLOIFC CIRT Final Report	Publicly available
4/9/2020	KAEX624LSI CIRT Final Report	Publicly available
4/10/2020	CW Engagement Survey – Infographic Waves1-7 041020	Wyatt_DHS_3966396
4/15/2020	OR Executive Order 20-16 (https://www.oregon.gov/gov/eo/eo_20-16.pdf)	Publicly available
4/15/2020	OR Executive Order 20-30 (https://www.oregon.gov/gov/eo/eo_20-30.pdf)	Publicly available
4/17/2020	C4YU8W2ABJ CIRT Final Report	Publicly available
4/21/2020	CW Engagement Survey v214 Final Relaunch	Wyatt_DHS_3003273
4/23/2020	ODOJ Email re DHS Website	Publicly available
4/29/2020	DHS Website re COVID-19	Publicly available
4/29/2020	DHS Website_Abuse Prevention	Publicly available
4/29/2020	DHS Website_Guides & Resources	Publicly available
4/29/2020	DHS Website_Partner Orgs & Addl Resources	Wyatt_DHS_2691465
4/29/2020	DHS Website_Supporting Former Youth	Publicly available
4/29/2020	DHS Website_Supporting_1	Publicly available
4/29/2020	DHS Website_Supporting_2	Publicly available
4/29/2020	DHS Website_Supporting_3	Publicly available
4/29/2020	DHS Website_Visitation	Publicly available
4/30/2020	2020 Q6 OR PIP Progress Report	Wyatt_DHS_2688957
4/30/2020	OOS Youth Data	Wyatt_DHS_2630617
5/1/2020	Comprehensive Portfolio Progress Report	Wyatt_DHS_2688081
5/1/2020	0HGWT3F5G CIRT Final Report	Publicly available
5/1/2020	D10 PIP Charts May-20	Wyatt_DHS_3567897



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5/11/2020	Gov News – State Budget	To produce
5/11/2020	Gov News – State Budget	Wyatt_DHS_4397107
5/11/2020	CW Field Staff EE Wave 8–Summary Report	To produce
5/12/2020	DHS Information Sheet 2020 Budget Reduction Exercise	Wyatt_DHS_4649032
5/13/2020	DHS CW Vision for Transformation – Final	Wyatt_DHS_2630618
5/13/2020	KVRHCUQ7FH CIRT Final Report	Publicly available
5/14/2020	OR Executive Order 20–25 (https://www.oregon.gov/gov/eo/eo_20-25.pdf)	Publicly available
5/18/2020	FCP Strategic Plan	Wyatt_DHS_2696471
5/18/2020	YH6EYJ108 Final CIRT Report	Publicly available
5/26/2020	X00QOXOB04 CIRT Final Report	Publicly available
5/27/2020	DHS Child Welfare Presentation	Wyatt_DHS_4505361
5/27/2020	DHS Budget Reduction Exercise	Wyatt_DHS_4397064
5/31/2020	OOSYouthData20200531	Wyatt_DHS_3604006
6/1/2020	Comprehensive Portfolio Progress Report	Wyatt_DHS_2688089
6/1/2020	Revised SEIU Novel Coronavirus LOA_Signed	Wyatt_DHS_2675622
6/1/2020	SOGIE Policy (Ch 5, Sec 41) updated June 2020	Wyatt_DHS_2673813
6/1/2020	Resource Management Director’s Report re Compliance	Wyatt_DHS_3623007
6/2/2020	DHS CW– Staff QRG in office visits FINAL 6120	Wyatt_DHS_2691468
6/2/2020	DHS CW– Visit guide one for parents foster parents FINAL 6120	Wyatt_DHS_2691469
6/2/2020	DHW CW_Oregon DHS Guidance for Parent Child visitsFINAL6120	Wyatt_DHS_2691472
6/2/2020	SOCAC–Bylaws	Wyatt_DHS_2675628
6/2/2020	SOCAC Membership (https://www.oregon.gov/oha/HSD/BH-Child-Family/SOCAC/Membership.pdf)	Publicly available
6/3/2020	Updated Parent Child Visitation Guidelines during COVID–19	Wyatt_DHS_2691491



DATE	Description	BATES NO. / DKT NO.
6/3/2020	Senate_DHS Budget Reduction Exercise	Wyatt_DHS_4397105
6/3/2020	DHS CW Program Update Senate Human Services Presentation	Wyatt_DHS_2999946
6/9/2020	ORCAH Project Story board	Wyatt_DHS_2675659
6/11/2020	CW Org Chart	Wyatt_DHS_2688607
6/12/2020	OR Executive Order 20-28 (https://www.oregon.gov/gov/eo/eo_20-28.pdf)	Publicly available
6/12/2020	87DK98F1DR CIRT Final Report	Publicly available
6/15/2020	DHS Opening – Social Service Specialist CPS	To produce
6/24/2020	OR Executive Order 20-29 (https://www.oregon.gov/gov/eo/eo_20-29.pdf)	Publicly available
6/25/2020	Oregon-COVID-19-Projections	To produce
6/26/2020	OTOU6ULKGF CIRT Final Report	Publicly available
6/28/2020	DHS Telecommuting Survey Report	Wyatt_DHS_2691494
6/30/2020	Every Child 2020 Q1 Report	Wyatt_DHS_3202943
6/30/2020	OOS Youth Data 20200630	Wyatt_DHS_3145323
7/1/2020	Comprehensive Portfolio Progress Report	Wyatt_DHS_2688097
7/1/2020	CIRT Final Report	Publicly available
7/1/2020	DHS CW_Update re out-of-state placements	To produce
7/1/2020	D12 PIP Charts Jul-20	Wyatt_DHS_2699760
7/1/2020	D13 PIP Charts Jul-20	Wyatt_DHS_1987498
7/6/2020	CIRT Status Report	To produce
7/14/2020	Agenda SCAC	Wyatt_DHS_2763985
7/22/2020	OR Q7 KEEP Report	Wyatt_DHS_2688109
7/31/2020	CP3 Marion County Gaps and Resources Report	Wyatt_DHS_2729671
8/1/2020	D11 PIP Charts Aug-20	Wyatt_DHS_2703955
8/31/2020	OR CFSR PIP renegotiation approval letter final	Wyatt_DHS_2689176
9/3/2020	Response Letter to Sen Wyden re Safety at Screening tool	Wyatt_DHS_3007680



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9/10/2020	FINAL – Family Report Rollout SSS1	Wyatt_DHS_2690565
9/10/2020	OCWP– COVID 90–day Plan– Treatment Services– FINAL	Wyatt_DHS_2717673
9/15/2020	DHS CW Vision for Transformation	Wyatt_DHS_2630618
9/28/2020	FINAL – Content Guide Family Report	Wyatt_DHS_2690544
9/28/2020	FINAL – Family Report Rollout SUPERVISOR AND MAPS	Wyatt_DHS_2690591
9/30/2020	2021 APSR (submitted Sept 30, 2020)	Wyatt_DHS_2690337
9/30/2020	2021 APSR Report Attachments (multiple documents)	Wyatt_DHS_2689318 – Wyatt_DHS_2690280
10/1/2020	Audit protocol	Wyatt_DHS_2709678
10/1/2020	One–pager– CW Staff Support_Clean	To produce
10/1/2020	D1 PIP Charts Oct–20	Wyatt_DHS_2704053
10/22/2020	Guidance for Helpers in a Virtual Environment	Wyatt_DHS_2718588
10/26/2020	COVID–19 Resources Combined	Wyatt_DHS_2717333
10/29/2020	Child Caring Agency COVID–19 Outbreak Response Process	Wyatt_DHS_2727833
Nov–20	District 13 Child Welfare Org Chart (Wallowa, Union, Baker Counties)	Wyatt_DHS_2690749
11/3/2020	Child Welfare Treatment Services Capacity Overview 2020– FINAL	Wyatt_DHS_2716941
11/6/2020	Oregon's Family First Title IV–E Prevention Plan Final	Wyatt_DHS_2690698
11/18/2020	Oregon DHS Protocol for Parent Child visits–FINAL	Wyatt_DHS_2713786
11/24/2020	Chafee Attachment – ORFY16–20 NYTD Data Snapshot	Wyatt_DHS_2709583
12/11/2020	CW COOP Final	Wyatt_DHS_2709790
12/14/2020	ORCAH COOP	Wyatt_DHS_2709876
12/18/2020	COVID Impact on Foster Parents	Wyatt_DHS_2691901
12/21/2020	CW COOP Final	Wyatt_DHS_2717352
1/11/2021	FAQ FCCRC – V1	Wyatt_DHS_2711559
1/29/2021	Every Child Year 4 Report 2020	Wyatt_DHS_2715636



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2/1/2021	First Quarter NOP Period Report	Wyatt_DHS_2721484
2/12/2021	12 Month Training Plans Combined	Wyatt_DHS_2709621
3/2/2021	DRAFT Braided Funding Map	Wyatt_DHS_2711565
3/5/2021	2021 Project One OR-Kids Advanced Planning Doc Final	Wyatt_DHS_2711321
3/5/2021	2021 Project Two Implementation Advanced Planning Doc IAPD Final	Wyatt_DHS_2711270
4/8/2021	CQI Workgroup Charter	Wyatt_DHS_2711371
4/12/2021	Second Quarter NOP Report	Wyatt_DHS_2721514
4/25/2021	System of Care Barrier Review Process Draft	Wyatt_DHS_2709688
4/28/2021	OR FY 2020 Data MCV VIH FFP Rate Reduction letter	Wyatt_DHS_2696638
5/1/2021	D10 CQI Charts May-21	Wyatt_DHS_2709616
5/5/2021	Chafee Graduation Report	Wyatt_DHS_2709526
5/10/2021	CW Updates & ORCAH presentation	Wyatt_DHS_2696662
5/18/2021	Mask Wearing Requirements in Child Caring Agencies	Wyatt_DHS_2726992
5/27/2021	Oregon FY22 CFS-101s	Wyatt_DHS_2709588
5/27/2021	Oregon FY22 CFS-101s-signed	Wyatt_DHS_2709585
6/15/2021	ODHS Workload Report ORS 409.161	Wyatt_DHS_2715679
6/22/2021	OR Executive Summary	Wyatt_DHS_2710225
7/1/2021	D12 CFSR Charts Jul-21	Wyatt_DHS_2710587
7/1/2021	D13 CFSR Charts Jul-21	Wyatt_DHS_2710549
7/6/2021	2021-23 Child Welfare Budget Priorities	Wyatt_DHS_2697240
7/19/2021	Third Quarter NOP Report	Wyatt_DHS_2721553
Aug-21	2022 APSR (resubmitted Aug 2021)	Wyatt_DHS_2710406
8/1/2021	D11 CFSR Charts Aug-21	Wyatt_DHS_2721571
8/2/2021	Protocol for Parent Child Visits	Wyatt_DHS_2715791
8/9/2021	CW and ORRAI partner to create a state CQI model_Announcement	Wyatt_DHS_2715835



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8/10/2021	CW Training Unit Butler Plan	Wyatt_DHS_2710310
8/24/2021	Temporary Administrative Order CWP_19-2021	To produce
8/27/2021	Mandatory vaccines do not apply to resource parents resource families	Wyatt_DHS_2715846
8/30/2021	COVID-19 Vaccine Mandate Information	Wyatt_DHS_2727018
9/20/2021	AR 1895 CORR Response to 082021 Substantial Noncompliance Letter	Wyatt_DHS_2715937
9/23/2021	BRS Vaccination Memo REVISED	Wyatt_DHS_2715985
9/25/2021	Project Charter CQI	Wyatt_DHS_2711377
9/30/2021	Temporary Administrative Order CWP_20-2021	To produce
9/30/2021	7246 Oregon FY2022 APSR State Approval Letter- 9-2021 signed	Wyatt_DHS_2711208
9/30/2021	7246 Oregon FY2022 CFS-101s-signed	Wyatt_DHS_2711205
9/30/2021	Correction ODHS Partner Newsletter Be prepared COVID-19 resources and more	Wyatt_DHS_2716388
10/1/2021	Temporary Administrative Order CWP_21-2021	To produce
10/1/2021	Children's System Plan Document - Signed Final	Wyatt_DHS_2711571
10/1/2021	D1 CFSR Charts Oct-21	Wyatt_DHS_2721692
10/1/2021	D14 CFSR Charts Oct-21	Wyatt_DHS_2721697
10/8/2021	cwig- podcast transcript- episode 68	To produce
10/13/2021	Fourth Quarter NOP Report	Wyatt_DHS_2721620
10/19/2021	CQI Update	Wyatt_DHS_2711385
12/7/2021	FCCRC Steering Dec	Wyatt_DHS_2711656
1/3/2022	Worker Caseload - DRAFT	Wyatt_DHS_2729186
1/15/2022	Fifth Quarter NOP Period Report	Wyatt_DHS_2721880
1/18/2022	Child Welfare Presentation Childrens Cabinet_FINAL	Wyatt_DHS_2717821
1/19/2022	Project Charter Template draft	To produce
1/21/2022	CW PMO 2021 Annual Progress Report Key Initiatives - final	Wyatt_DHS_2720911



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1/31/2022	CP3 Douglas County Gaps and Resources Report	Wyatt_DHS_2729655
2/1/2022	Worker Caseload – DRAFT	Wyatt_DHS_2729189
2/2/2022	ODHS Child Welfare Equity Quarterly Report Oct – Dec 2021	Wyatt_DHS_2721038
2/2/2022	New Release re Lowest Foster Care Numbers in 16 years	Wyatt_DHS_4418867
2/2/2022	PRTF Capacity Memo	Wyatt_DHS_2721076
2/3/2022	Oregon Caseload Ratio Standards	Wyatt_DHS_2721405
2/3/2022	Caseload Ratio Standards 2022-02-03	Wyatt_DHS_2721405
2/9/2022	D16 CFSR Data and Debrief documents for Monday meeting.msg	Wyatt_DHS_2721958
3/1/2022	Worker Caseload – DRAFT	Wyatt_DHS_2729192
3/2/2022	CPS Tool Kit Plan	To produce
3/15/2022	Jones–Gaston, Rebecca deposition transcript (1 of 2)	Deposition Transcript
4/1/2022	Worker Caseload – DRAFT	Wyatt_DHS_2729195
4/6/2022	District 1 Org Chart	Wyatt_DHS_2722471
4/7/2022	CW Central Office Org Chart	Wyatt_DHS_2722864
4/11/2022	DB Adoption Disruptions 2015 to 2020	To produce
4/11/2022	F2F FC + IH Children 2016 to 2021	To produce
4/11/2022	Initial Family Report 2016 to 2021	To produce
4/11/2022	Planning Meeting	To produce
4/13/2022	Family Report every 180 Days 2016 to 2021	To produce
4/14/2022	Sixth Quarter NOP Period Report	Wyatt_DHS_2723163
4/18/2022	OR–DHS–Child–Welfare–Procedure–Manual	Wyatt_DHS_2723222
4/27/2022	Email from MH legal team re Wyatt v Brown – JCIP dashboard	To produce
4/28/2022	Ongoing Safety Plan Content Guide	To produce
5/2/2022	CH 4, SEC 18 Managing Child Safety in and Out of Home, Missing Children – Child Welfare Procedure Manual	To produce
5/10/2022	Email from MH legal team re Wyatt v Brown – OR Project	To produce



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5/25/2022	Email from MH legal team re last OOS kids data	To produce
5/31/2022	Youth in Self-Selected Environment by quarter and age of youth since the service was created	To produce
6/2/2022	Jan 2016 to Mar 2022 CV01 F2F FED Under 18 PDF v2	To produce
6/2/2022	Jan 2016 to Mar 2022 CV02 F2F FED Under 18 PDF v2	To produce
6/2/2022	Jan 2016 to Mar 2022 CV01 and CV02 F2F FED Under 18 Source v2 Excel	To produce
6/3/2022	Email from K Keller to A Cox re FW- Disruption Docs	To produce
6/3/2022	Clarifications around Self-Selected Environment (SSE) in OR-Kids	To produce
6/8/2022	Worker Caseload Dashboard Presentation – DRAFT	To produce
6/14/2022	Temp Lodging Staffing Data Excel	To produce
6/28/2022	Jones-Gaston, Rebecca deposition transcript (2 of 2)	Deposition Transcript
7/1/2022	OAR 413-40 Case Management – Service Plans (http://www.dhs.state.or.us/policy/childwelfare/manual_1/division_40.pdf)	Publicly available
1/31/2023	12 2022 Annual QRTP Report_Final	Wyatt_DHS_4467018
4/6/2023	ODHS-stands-with-lgbtq-community	Wyatt_DHS_2784351
4/17/2023	Re SB 209 Supporting LGBTQIA2S+ youth in foster care	Wyatt_DHS_2784578
4/18/2023	ODHS v Bates_Decl J Bates Appendix with training materials	Wyatt_DHS_2784376
4/18/2023	ODHS v Bates_Decl J Bates ISO Plt's Motion for Prelim Injunction	Wyatt_DHS_2784354
4/18/2023	ODHS Child Welfare Workforce and Respite Care	Wyatt_DHS_2784580
5/31/2023	BRS Rate Increases – OYA OHA ODHS	Wyatt_DHS_4663318
6/15/2023	30(b)(6) Andresen, Lacey deposition transcript	Deposition Transcript
6/29/2023	41 ODHS CW Administration COMPLETE	Wyatt_DHS_4467289
6/29/2023	42 ODHS CW Oregon Child Abuse Hotline ORCAH COMPLETE	Wyatt_DHS_4467474



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6/30/2023	2024 APSR Submission	Wyatt_DHS_4467023
7/13/2023	Center Square_Oregon's Department of Justice forms new division focused on children	To produce
7/24/2023	Legislative Session 2023 – CW Highlights on Letterhead	Wyatt_DHS_4564313
8/21/2023	2024 APSR Resubmission, August 2023	Wyatt_DHS_4663459
8/23/2023	Email from MH legal team re APSR reporting period	To produce
8/23/2023	Oregon DHS Child Welfare Procedure Manual Rev	Wyatt_DHS_4663658
8/29/2023	Allen, Nancy deposition transcript	Deposition Transcript
Sep-23	Legal Standards (MH work product)	To produce
9/5/2023	CQI– ELT Status Report	Wyatt_DHS_4665723
9/7/2023	Marshall, Glenda deposition transcript	Deposition Transcript
9/11/2023	Loughary, Deena deposition transcript	Deposition Transcript
9/12/2023	Lorz, Kim Aaron deposition transcript	Deposition Transcript
9/12/2023	Flint–Gerner, Aprille deposition transcript	Deposition Transcript
9/13/2023	Gray (Keller), Kimberly deposition transcript	Deposition Transcript
9/15/2023	Pakseresht, Fariborz deposition transcript	Deposition Transcript
9/18/2023	Temp Lodging – RCH Presentation Final	Wyatt_DHS_4665951
9/21/2023	Fox, Sara deposition transcript	Deposition Transcript
10/2/2023	Temporary Lodging_Progress Report	Wyatt_DHS_4666002
10/3/2023	SOCAC meeting slides	Wyatt_DHS_4665863
10/5/2023	FOCUS Child Specific Caregiver Supports (CSCS) – one page info	To produce
10/9/2023	RSN's alignment with the Vision for Transformation	To produce
10/23/2023	Vision for Transformation 2022 Progress Report	Wyatt_DHS_4666015
2015–04	Oregon (Small) Foster Children's Bill of Rights	Wyatt_DHS_0072085
2015–2019	CFSP Final Report for FY's 2015–2019	Wyatt_DHS_0062138
2015–2019	2015–2019 ILP 5–Year Plan	Wyatt_DHS_0305916



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2015–2019	2015–2019 NYTD Data Snapshot (https://www.oregon.gov/odhs/data/cwdata/cw-ilp-nytd-snapshot-2015-2019-oregon.pdf)	Publicly available
2016–11	D9 CQI Charts Nov–16	To produce
2016 Q3	CFSR Statewide Review Ratings	Wyatt_DHS_0276885
2016 Q4	2016 CQI charts D1	To produce
2016 Q4	2016 CQI charts D14	To produce
2016–11	D15 CQI Charts Nov–16	To produce
2016–12	D16 CQI charts Dec–16	Wyatt_DHS_1710848
2016–2017	2016–2017 ILP Annual Report Summary Page–APSR–Attachment–15	Wyatt_DHS_0135537
2017–08	D11 PIP Charts Aug–17	To produce
2017 February– March	D5 PIP charts Feb–Mar–17	To produce
2017–07	D6 PIP charts Jul–17	Wyatt_DHS_1609518
2017–06	D8 Grants Pass PIP Charts Jun–17	To produce
2017–06	D8 Medford PIP charts Jun–17	To produce
2017–05	PIP Charts D7 May 2017	To produce
2017–11	D9 PIP Charts Nov–17	To produce
2017 Q1	D2 Gresham Chart	Wyatt_DHS_1765203
2017 Q1	D2 Midtown Chart	Wyatt_DHS_2225338
2017 Q2	D3 Marion Chart	Wyatt_DHS_0278676
2017 Q2	D3 Polk–Yamhill Chart	Wyatt_DHS_1921047
2017 Q3	D13 Chart	Wyatt_DHS_0229358
2017 Q3	D2 Alberta Chart	Wyatt_DHS_1765667
2017 Q3	D4 Chart	Wyatt_DHS_0183033
2017 Q3	D6 Chart	Wyatt_DHS_1609518



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2017 Q3	CFSR Statewide Review Ratings PIP Feb-Jun 2017	Wyatt_DHS_0294223
2017 Q4	D1 Chart	Wyatt_DHS_1412549
2017 Q4	D16 Chart	Wyatt_DHS_1413176
2017-01	D2 Gresham CQI charts Jan-17	Wyatt_DHS_1765203
2017-01	D2 Midtown CQI charts Jan-17	Wyatt_DHS_2225338
2017-01	CW-Outcomes-Scorecard	Wyatt_DHS_0056496
2017-01-18 to 2018-11-14	State of Oregon Advisory – Child Welfare Advisory Committee (CWAC)	To produce
2017-02	CW-Outcomes-Scorecard	Wyatt_DHS_0056484
2017-03	CW-Outcomes Scorecard	Wyatt_DHS_0056490
2017-04	D3 Marion PIP charts Apr17	Wyatt_DHS_0278676
2017-04	D3 Polk-Yamhill PIP Charts Apr17	Wyatt_DHS_1921047
2017-04	D4 PIP Charts Aug-17	Wyatt_DHS_0183033
2017-04	CW-Outcomes-Scorecard	Wyatt_DHS_0056502
2017-04	2016 Child Welfare Data Book	Wyatt_DHS_1567477
2017-05	CW-Outcomes-Scorecard	Wyatt_DHS_0056508
2017-06	CW-Outcomes-Scorecard	Wyatt_DHS_0056514
2017-07	Oregon Foster Children's Bill of Rights	Wyatt_DHS_2269955
2017-07	CW-Outcomes-Scorecard	Wyatt_DHS_0056520
2017-08	Mandatory-Materials-DHS-Children & Youth in Care	Wyatt_DHS_2271845
2017-08	CW-Outcomes-Scorecard	Wyatt_DHS_0056526
2017-09	D2 Alberta PIP charts Sept-17	Wyatt_DHS_1765667
2017-09	D2 East Multnomah PIP charts Sept-17	To produce
2017-09	CW-Outcomes-Scorecard	Wyatt_DHS_0056532
2017-10	2017 ORRAI Child Welfare Research Agenda	Wyatt_DHS_0047799
2017-10	CW-Outcomes-Scorecard	Wyatt_DHS_0056538



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2017-11	2017-11 NAYA ILP Review Report	Wyatt_DHS_0135300
2017-11	D15 N Clackamas PIP Charts Nov-17	To produce
2017-11	D15 Oregon City PIP Charts Nov-17	To produce
2017-11	CW-Outcomes-Scorecard	Wyatt_DHS_0056544
2017-12	Oregon Foster Children's Sibling Bill of Rights	Wyatt_DHS_0889031
2017-12	2017-12 NAFY ILP Review Report	Wyatt_DHS_0135431
2017-12	D16 PIP Charts Dec17	Wyatt_DHS_1413176
2017-12	CW-Outcomes-Scorecard	Wyatt_DHS_0056550
2017-2018	2017-2018 Oregon Independent Living Program Review – Statewide Review Findings	Wyatt_DHS_0135652
2018- 08 to 2019-08	ORCAH Annual Report	Wyatt_DHS_1948650
2018 February– March	D5 PIP Charts Feb–Mar 2018	Wyatt_DHS_2697796
2018 July	D6 PIP Charts Jul–18	Wyatt_DHS_1420603
2018 May	D7 PIP Charts May–18	Wyatt_DHS_2697811
2018 Q1	D2 Gresham Chart	Wyatt_DHS_2697788
2018 Q1	D2 Midtown Chart	Wyatt_DHS_2697792
2018 Q1	D5 Chart	Wyatt_DHS_2697796
2018 Q1	2018 Q1 CFSR Progress Report	Wyatt_DHS_1391297
2018 Q1	CFSR Statewide Review Ratings	Wyatt_DHS_0229498
2018 Q2	D10 Chart	Wyatt_DHS_2697816
2018 Q2	D3 Marion Chart	Wyatt_DHS_0283268
2018 Q2	D3 Polk–Yamhill Chart	Wyatt_DHS_0186385
2018 Q2	D7 Chart	Wyatt_DHS_2697811
2018 Q2	D8 Grants Pass Chart	Wyatt_DHS_1420607
2018 Q2	D8 Medford	Wyatt_DHS_2697820



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2018 Q3	D11 Chart	Wyatt_DHS_1420648
2018 Q3	D12 Chart	Wyatt_DHS_1420595
2018 Q3	D13 Chart	Wyatt_DHS_1420599
2018 Q3	D2 Alberta Chart	Wyatt_DHS_1420703
2018 Q3	D2 East Multnomah Chart	Wyatt_DHS_1420707
2018 Q3	D4 Chart	Wyatt_DHS_1420652
2018 Q3	D6 Chart	Wyatt_DHS_1420603
2018 Q4	D1 Chart	Wyatt_DHS_0186980
2018 Q4	D14 Chart	Wyatt_DHS_1420745
2018 Q4	D15 Chart	Wyatt_DHS_0187931
2018 Q4	D16 Chart	Wyatt_DHS_1420882
2018 Q4	D9 Chart	Wyatt_DHS_1420779
2018-01	D2 Gresham PIP Charts Jan-18	Wyatt_DHS_2697788
2018-01	D2 Midtown PIP Charts Jan-18	Wyatt_DHS_2697792
2018-01	CW-Outcomes-Scorecard	Wyatt_DHS_0056556
2018-02	2017 Child Welfare Data Book	Wyatt_DHS_0135720
2018-02	Child Welfare Vision for the Future & Related Materials (Meeting with Gov & Liesl Wendt)	Wyatt_DHS_0242188
2018-02	A.R. v. State Settlement Agreement	Wyatt_DHS_4602645
2018-02	CW Outcomes Scorecard	Wyatt_DHS_0056562
2018-03	Family First Bill Summary	Wyatt_DHS_2122488
2018-03	Equity, Diversity and Inclusion Assessment of DHS	To produce
2018-03	CW Outcomes Scorecard	Wyatt_DHS_0056568
2018-04	DHS Settlement Agreement Summary – Temporary Stays for Foster Children & Young Adults	Wyatt_DHS_0213062
2018-04	Timeline-J United Child & Youth Safety Implementation Plan	Wyatt_DHS_0063105
2018-04	D3 Marion PIP Charts Apr-18	Wyatt_DHS_0283268



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2018-04	D3 Polk-Yamhill PIP Charts Apr-18	Wyatt_DHS_0186385
2018-04	CW Outcomes Scorecard	Wyatt_DHS_0056574
2018-04	ORRAI Status Report	Wyatt_DHS_0114725
2018-05	2018-05 May Child Welfare Progress Report	Wyatt_DHS_0030827
2018-05	Professional Services Contract – Liesl Wendt	Wyatt_DHS_0775754
2018-05	Timeline–A United Child & Youth Safety Implementation Plan	Wyatt_DHS_0062656
2018-05	CW Outcomes Scorecard	Wyatt_DHS_0056580
2018-05	ORRAI Status Report	Wyatt_DHS_0047650
2018-06	2018-06 June	Wyatt_DHS_0030833
2018-06	ORRAI Status Report	Wyatt_DHS_0047656
2018-06	Children and Youth With Specialized Needs Workgroup issues recommendations	Wyatt_DHS_0134311
2018-06	Temp Lodging Stakeholder Interview Summary	Wyatt_DHS_0213538
2018-06	Project Status Summary	Wyatt_DHS_0063077
2018-06	D8 Grants Pass PIP Charts Jun-18	Wyatt_DHS_1420607
2018-06	D8 Medford PIP Charts Jun-18	Wyatt_DHS_2697820
2018-06	CW Outcomes Scorecard	Wyatt_DHS_0056590
2018-07	2018-07 July	Wyatt_DHS_0030840
2018-07	ORRAI Status Report	Wyatt_DHS_0047663
2018-07	Plan for Addressing Temp Lodging Emergency Use	Wyatt_DHS_2012278
2018-07	CW Outcomes Scorecard	Wyatt_DHS_0056596
2018-08	OHA & DHS Continuum of Care Partner Feedback Report	Wyatt_DHS_0062775
2018-08	2018-08 Aug CW Monthly Progress Report	Wyatt_DHS_0030848
2018-08	ORRAI Status Report	Wyatt_DHS_0047670
2018-08	D4 PIP Charts Aug-18	Wyatt_DHS_1420652
2018-08	CW Outcomes Scorecard	Wyatt_DHS_0056602
2018-09	2018-09 Sept CW Monthly Progress Report	Wyatt_DHS_0030859



DATE	Description	BATES NO. / DKT NO.
2018-09	Centralized Hotline Transition Plan	Wyatt_DHS_0062851
2018-09	ORRAI Status Report	Wyatt_DHS_0047678
2018-09	Project Transition Plan Part 1	Wyatt_DHS_0063034
2018-09	Project Transition Plan Part 2	Wyatt_DHS_0063029
2018-09	D2 Alberta PIP Charts Sep-18	Wyatt_DHS_1420703
2018-09	D2 East PIP Charts Sep-18	Wyatt_DHS_1420707
2018-10	2018-10 Oct CW Monthly Progress Report	Wyatt_DHS_0030869
2018-10	CHAT News Fall 2018 ENGLISH	Wyatt_DHS_0061277
2018-10	ORRAI Status Report	Wyatt_DHS_0047686
2018-10	Hotline-Newsletter	Wyatt_DHS_0062860
2018-11	2018-11 Nov CW Monthly Progress Report	Wyatt_DHS_0030881
2018-11	ORRAI Status Report	Wyatt_DHS_0047694
2018-11	2018-11 Research Implementation basic road map	Wyatt_DHS_0122068
2018-11	Caregiver Training Redesign Charter	Wyatt_DHS_0063037
2018-11	Final Temporary Lodging Root Cause Report	Wyatt_DHS_0782792
2018-11	Temp Lodging Status Update Assessment and Recommendations	Wyatt_DHS_1901546
2018-11	D15 PIP Charts Nov-18	Wyatt_DHS_0187931
2018-11	D9 PIP Charts Nov18	Wyatt_DHS_1420779
2018-11	November Oregon Child Abuse Hotline Newsletter	Wyatt_DHS_0062869
2018-12	D16 PIP Charts Dec-18	Wyatt_DHS_2722107
2018-12	2018-12 Dec CW Monthly Progress Report	Wyatt_DHS_0030890
2018-12	ORRAI Status Report	Wyatt_DHS_0047702
2018-12	Caregiver Support Development Closing	Wyatt_DHS_0063099
2018-12	D16 PIP Charts Dec-18	Wyatt_DHS_1420882
2018-2019	2018-2019 Project-A-CW-Listening-Tour-Report	Wyatt_DHS_0062622
2018-2019	P.R.I.D.E. ERG Annual Report (FY 2018-2019)	Wyatt_DHS_0894334



DATE	Description	BATES NO. / DKT NO.
2018–2019	Oregon Child Abuse Hotline – Centralization Timeline	Wyatt_DHS_0062942
2019 February– March	D5 PIP Charts Feb–Mar19	Wyatt_DHS_0708916
2019 January – 2020 April	Child Welfare Policy and Rule Releases_ recent changes	To produce
2019 July	D6 PIP Charts Jul–19	Wyatt_DHS_1987516
2019 May	D7 Coos Curry PIP charts May–19	Wyatt_DHS_1983367
2019 Q1	D2 Gresham Chart	Wyatt_DHS_1980226
2019 Q1	D2 Midtown Chart	Wyatt_DHS_1422619
2019 Q1	D5 Chart	Wyatt_DHS_0708916
2019 Q2	D3 Chart	Wyatt_DHS_1982312
2019 Q2	D3 Marion Chart	Wyatt_DHS_1982317
2019 Q2	D3 Polk–Yamhill Chart	Wyatt_DHS_1982347
2019 Q2	D7 Chart	Wyatt_DHS_1983367
2019 Q2	D8 Grants Pass Chart	Wyatt_DHS_0712603
2019 Q2	D8 Medford Chart	Wyatt_DHS_1431551
2019 Q2	D10 Chart	Wyatt_DHS_1431607
2019 Q2	D10 Chart	Wyatt_DHS_1983557
2019 Q2	CFSR Statewide Review Ratings PIP Feb 2018–Mar 2019	Wyatt_DHS_1981461
2019 Q3	D2 Alberta Chart	Wyatt_DHS_1436053
2019 Q3	D2 East Multnomah Chart	Wyatt_DHS_1436058
2019 Q3	D4 Chart	Wyatt_DHS_0894878
2019 Q3	D6 Chart	Wyatt_DHS_1987516
2019 Q3	D11 Chart	Wyatt_DHS_1988568
2019 Q3	D12 Chart	Wyatt_DHS_1987478
2019 Q3	D13 Chart	Wyatt_DHS_1987498



DATE	Description	BATES NO. / DKT NO.
2019 Q3	2019 Q3 CFSR Progress Report	Wyatt_DHS_0218981
2019 Q3	SB 1515 DHS Substantiated Investigation Quarterly Report	Wyatt_DHS_2507699
2019 Q4	D1 Chart	Wyatt_DHS_0290067
2019 Q4	D9 Chart	Wyatt_DHS_1780097
2019 Q4	D14 Chart	Wyatt_DHS_1780052
2019 Q4	D15 Chart	Wyatt_DHS_0190465
2019 Q4	D16 Chart	Wyatt_DHS_2699478
2019 Q4	2019 Q4 CFSR Ratings	Wyatt_DHS_0894878
2019 Q4	SB 1515 DHS Substantiated Investigation Quarterly Report	Wyatt_DHS_2994122
2019 Q4	CFSR Statewide Review Ratings Dec 2018–Nov 2019	Wyatt_DHS_1990071
2019–01	2019–01 Jan Child Welfare Progress Report	Wyatt_DHS_0030902
2019–01	CHAT News Winter 2019 ENGLISH	Wyatt_DHS_0061287
2019–01	ORRAI Status Report	Wyatt_DHS_0047710
2019–01	2019–01 Using Predictive Analytics – Handout	Wyatt_DHS_0114379
2019–01	D2 Gresham PIP Charts Jan–19	Wyatt_DHS_1980226
2019–01	D2 Midtown PIP Charts Jan–19	Wyatt_DHS_1422619
2019–01	Every Child Bi–Annual–Report	Wyatt_DHS_2845746
2019–02	2019–02 Feb Child Welfare Progress Report	Wyatt_DHS_0030915
2019–02	2019–02 ILP Family First	Wyatt_DHS_0063190
2019–02	ORRAI Status Report	Wyatt_DHS_0047719
2019–02	Temporary Lodging Placement Tracker Protocol	Wyatt_DHS_0060312
2019–02	January–February Oregon Child Abuse Hotline Newsletter	Wyatt_DHS_0062876
2019–03	2019–03 March Child Welfare Progress Report	Wyatt_DHS_0030925
2019–03	ORRAI Status Report	Wyatt_DHS_0047728
2019–03	Caregiver Training Redesign Closing	Wyatt_DHS_0063102
2019–04	2019–04 April Child Welfare Progress Report	Wyatt_DHS_0030933



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2019-04	CHAT_News Spring 2019 ENGLISH	Wyatt_DHS_0061260
2019-04	CHAT News Fall 2019 ENGLISH	To produce
2019-04	SOGIE Policy DRAFT	Wyatt_DHS_0170499
2019-04	ORRAI Status Report	Wyatt_DHS_0047737
2019-04	2019-04 Longitudinal-Dataset Infographic Pg1 v2040119	Wyatt_DHS_0124654
2019-04	ORRAI Safety After Substantiated Allegation	Wyatt_DHS_0275957
2019-04	DHS Internal Assessment	Wyatt_DHS_0219520
2019-04	ORCAH Monthly Assignment and Workload Data April 2019	Wyatt_DHS_2205523
2019-04	60-Day Action Plan Summary – Serving Youth in Oregon	Wyatt_DHS_0062543
2019-04	D3 Marion PIP Charts Apr-19	Wyatt_DHS_1982317
2019-04	D3 Polk Yamhill PIP Charts Apr-19	Wyatt_DHS_1982347
2019-04	April Oregon Child Abuse Hotline Newsletter	Wyatt_DHS_0062867
2019-04	ORCAH Monthly Assignment and Workload Data	Wyatt_DHS_0895440
2019-05	Identifying Capacity Needs for Children within the Oregon Child Welfare System	Wyatt_DHS_0047768
2019-05	2018 Child Welfare Data Book	Wyatt_DHS_0063474
2019-05	2019-05 Identifying Capacity Needs for Children within the Oregon Child Welfare System	Wyatt_DHS_0047768
2019-05	Child Welfare Closing Report for the 60-Day Action Plan	Wyatt_DHS_0062542
2019-06	2020-2024 CFSP All Attachments (https://www.oregon.gov/odhs/data/cwdata/cw-cfsp-2020-2024.pdf)	Publicly available
2019-06	2020-2024 CFSP	Wyatt_DHS_1289653
2019-06	2019-06 June Child Welfare Progress Report	Wyatt_DHS_2207500
2019-06	ORRAI Status Report	Wyatt_DHS_0047737
2019-06	Multi-Agency Behavior Rehabilitation Services (BRS) Guide	Wyatt_DHS_0056857
2019-06	D8- Grants Pass PIP Charts June-19	Wyatt_DHS_0712603



DATE	Description	BATES NO. / DKT NO.
2019-06	D8- Medford PIP Charts June-19	Wyatt_DHS_1431551
2019-06	CW Outcomes Scorecard by County	To produce
2019-06	SOS Audit Recommendation Follow-up Report	Wyatt_DHS_1323886
2019-07	BRS-Non-BRS-Programs-Map	Wyatt_DHS_0063541
2019-07	2019-07 July Child Welfare Progress Report	Wyatt_DHS_2206651
2019-07	CWOB Training Slide	Wyatt_DHS_0134683
2019-07	Surge Hire Documents for CWOB Meeting July 17	Wyatt_DHS_1950790
2019-07	2019-07 CW-Community-Partnerships	Wyatt_DHS_0114670
2019-07	2019-07 Recruit Retain Foster Parents Market Segmentation	Wyatt_DHS_0114802
2019-07	CW-Community-Partnerships	Wyatt_DHS_0114670
2019-07	Race and Racism resources for caregivers	To produce
2019-07	Safety at Reunification Research Brief	Wyatt_DHS_0126066
2019-07	DHS Platform For Success Research	Wyatt_DHS_2259321
2019-07	Safety-at-Screening-Research-Brief-v1	Wyatt_DHS_0132915
2019-08	2019-08 August Child Welfare Progress Report	Wyatt_DHS_0057562
2019-08	2019-09 September Child Welfare Progress Report	Wyatt_DHS_0057571
2019-08	ORRAI Status Report	Wyatt_DHS_0047747
2019-08	Joint Plan to Develop In-State Capacity and Minimize OOS Placements of Children Leg Report	Wyatt_DHS_0062551
2019-08	D4 PIP Charts Aug-19	Wyatt_DHS_0894878
2019-08	Oregon Child Abuse Hotline Annual Report from 2018-2019	Wyatt_DHS_1948650
2019-08 to 2020-12	ORCAH Annual Report	Wyatt_DHS_2694352
2019-09	G18b Data-2019 Sept CW Monthly Report	Wyatt_DHS_0134945
2019-09	Family First Readiness Assessment, Planning and Initial Implementation	Wyatt_DHS_0793950
2019-09	ORRAI Status Report	Wyatt_DHS_0795758



DATE	Description	BATES NO. / DKT NO.
2019-09	2019-09 CP3 Achieving Permanency – ORRAI Project Status Report	Wyatt_DHS_0126910
2019-09	ORRAI Reforming OR's Child-Welfare System	To produce
2019-09	D2 Alberta PIP Charts Sep-19	Wyatt_DHS_1436053
2019-09	D2 East PIP Charts Sep-19	Wyatt_DHS_1436058
2019-09	Child Welfare Training Plan Overview	Wyatt_DHS_0134025
2019-09	Balance Scorecard Pre-Rollout re Hotline Calls	Wyatt_DHS_2431668
2019-09	Family First – Senate Human Services	Wyatt_DHS_0056465
2019-10	CP3 Achieving Permanency – ORRAI Project Status Report	Wyatt_DHS_1435942
2019-10	CP3 Summary of Preliminary Learnings (Marion County Pilot)	Wyatt_DHS_0128436
2019-10	2019-10 October Child Welfare Progress Report	Wyatt_DHS_0115286
2019-10	Child Welfare Organizational Structure	Wyatt_DHS_0130491
2019-10	Cap29-Pilot Concept Facilitated Rapid Access and Holistic Mental Health Services in BRS	Wyatt_DHS_0133401
2019-10	Cap33- WorkstreamCharter_FacilitatedMHandSARapidAccessinBRS8-10-19WS	Wyatt_DHS_0133415
2019-10	Temporary Lodging Update Mid-Point Progress DRAFT	Wyatt_DHS_1906608
2019-10	D14 PIP Charts Oct-19	Wyatt_DHS_2265734
2019-10	CW041 Staff Engagement Survey – Retention Status Report	Wyatt_DHS_0224322
2019-11	2019-11 November	Wyatt_DHS_0140522
2019-11	ORRAI Status Report	Wyatt_DHS_1492608
2019-11	D15 PIP Charts Nov-19	Wyatt_DHS_0190465
2019-11	D9 PIP Charts Nov-19	Wyatt_DHS_1780097
2019-11	Draft Oregon's Title IV-E Prevention Plan (not submitted to feds yet)	Wyatt_DHS_1745489
2019-12	D16 PIP Charts Dec-19	Wyatt_DHS_2722102



DATE	Description	BATES NO. / DKT NO.
2019-12	2019-12 December Child Welfare Progress Report	Wyatt_DHS_0170331
2019-12	Child Welfare Organizational Structure	Wyatt_DHS_0130491
2019-12	ORRAI Status Report	Wyatt_DHS_2673724
2019-12	D16 PIP Charts Dec-19	Wyatt_DHS_2699478
2019-12	CW Outcomes Scorecard by County	To produce
2019-2020	P.R.I.D.E. ERG Annual Report (FY 2019-2020)	Wyatt_DHS_2836500
2019-2020	2019-2020 Annual Planning Document (APD) Submission for the OR-Kids Application	Wyatt_DHS_0114884
2019-2020	ORCAH Annual Report	Wyatt_DHS_2694352
2019-2021	2019-21 Biennium Budget Major Actions	Wyatt_DHS_0223054
2019-2021	2019-21 Biennium Budget Overview	Wyatt_DHS_0223062
2019-2021	2019-21 DHS Budget Wrap-up	Wyatt_DHS_0790191
2020 February- March	D5 PIP Charts Feb-Mar 2020	Wyatt_DHS_2699537
2020-07	D6 PIP Charts Jul-20	Wyatt_DHS_3063017
2020-5	D7 PIP Charts May-20	Wyatt_DHS_2699627
2020 Q1	D2 Gresham Chart	Wyatt_DHS_2699505
2020 Q1	D2 Midtown Chart	Wyatt_DHS_2699531
2020 Q1	D5 Chart	Wyatt_DHS_2703929
2020 Q2	D3 Marion Chart	Wyatt_DHS_2699602
2020 Q2	D3 Polk-Yamhill Chart	Wyatt_DHS_2699590
2020 Q2	D7 Chart	Wyatt_DHS_2699627
2020 Q2	D8 Grants Pass Chart	Wyatt_DHS_2699684
2020 Q2	D8 Medford Chart	Wyatt_DHS_2699689
2020 Q2	D10 Chart	Wyatt_DHS_2699632
2020 Q3	D2 Alberta Chart	Wyatt_DHS_2703983
2020 Q3	D2 East Multnomah Chart	Wyatt_DHS_2704025



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2020 Q3	D4 Chart	Wyatt_DHS_2699537
2020 Q3	D6 Chart	Wyatt_DHS_2699745
2020 Q3	D11 Chart	Wyatt_DHS_2703955
2020 Q3	D12 Chart	Wyatt_DHS_2699760
2020 Q3	D13 Chart	Wyatt_DHS_2699742
2020 Q4	D1 Chart	Wyatt_DHS_2704053
2020 Q4	D9 Chart	Wyatt_DHS_2704253
2020 Q4	D14 Chart	Wyatt_DHS_2704058
2020 Q4	D15 Chart	Wyatt_DHS_2704105
2020 Q4	D16 Chart	Wyatt_DHS_2704263
2020 Q7	2020 Q7 CFSR Progress Report	Wyatt_DHS_2688751
2020-01	CCWIS Technology Roadmap	Wyatt_DHS_2689911
2020-01	2020-01 January Child Welfare Progress Report	Wyatt_DHS_0181013
2020-01	CHAT News Winter 2020 ENGLISH	To produce
2020-01	2020-01 Oregon Foster Youth Connection – ILP Participation Makes a Difference for Oregon Foster Youth	Wyatt_DHS_0181051
2020-01	D2 Gresham PIP Charts Jan-20	Wyatt_DHS_2699505
2020-01	D2 Midtown PIP Charts Jan-20	Wyatt_DHS_1422619
2020-01	SSA & SSS1 Pretraining Activities	Wyatt_DHS_0223326
2020-02	IFF Combined	Wyatt_DHS_2709638
2020-02	2020-02 February Child Welfare Progress Report	Wyatt_DHS_1901090
2020-02	Oregon DHS Phase IV Transition Requirements Summary	Wyatt_DHS_0133082
2020-02	SOS OR-Kids Audit and Response	Wyatt_DHS_0180979
2020-03	In-Home Safety Plan Example	To produce
2020-03	2020-03 March Child Welfare Progress Report	Wyatt_DHS_1901102
2020-03	ORRAI Status Report	Wyatt_DHS_2673741



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2020-03	CM.02 Placement Type (of those in care) – report run from public ROM website	To produce
2020-03	CW Outcomes Scorecard by County	To produce
2020-04	2020-04 April Child Welfare Progress Report	Wyatt_DHS_2675636
2020-04	CHAT News Spring 2020 ENGLISH	To produce
2020-04	CW Engagement Survey Wave 8 Highlights-Apr20DRAFT v1	Wyatt_DHS_4567190
2020-04	ORRAI Status Report	Wyatt_DHS_2673762
2020-04	CV01 Caseworker Face-to-Face Contact-of mos child in care entire month	To produce
2020-04	KEEP Oregon Implementation Report April	Wyatt_DHS_2689327
2020-04	OR.01 Child Abuse Neglect Reports Per Investigation, by Screening Decision – report run from public ROM website	To produce
2020-04	D3 Marion PIP Charts Apr-20	Wyatt_DHS_2699602
2020-04	D3 Polk Yamhill PIP Charts Apr-20	Wyatt_DHS_2699590
2020-04	Court Operations (CJO 20-006)	Wyatt_DHS_2754654
2020-04	DHS Facilitating Inclusive Virtual Meetings	Wyatt_DHS_2691445
2020-04	ODHS Maintaining Contact with Children in our Community Website	Publicly available
2020-04	DHS Certification Work	Wyatt_DHS_2807382
2020-04	DHS Child Safety Work	Wyatt_DHS_3082446
2020-05	Fidelity Report D1 FINAL	Wyatt_DHS_3049378
2020-05	Fidelity Report D10 FINAL	Wyatt_DHS_3050086
2020-05	Fidelity Report D11 FINAL	Wyatt_DHS_3049697
2020-05	Fidelity Report D12 FINAL	Wyatt_DHS_3049952
2020-05	Fidelity Report D13 FINAL	Wyatt_DHS_3050998
2020-05	Fidelity Report D14 FINAL	Wyatt_DHS_3051027
2020-05	Fidelity Report D15 FINAL	Wyatt_DHS_3050309
2020-05	Fidelity Report D16 FINAL	Wyatt_DHS_3050056



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2020-05	Fidelity Report D2 FINAL	Wyatt_DHS_3049407
2020-05	Fidelity Report D3 FINAL	Wyatt_DHS_3049439
2020-05	Fidelity Report D4 FINAL	Wyatt_DHS_3049786
2020-05	Fidelity Report D5 FINAL	Wyatt_DHS_3050387
2020-05	Fidelity Report D6 FINAL	Wyatt_DHS_3050151
2020-05	Fidelity Report D7 FINAL	Wyatt_DHS_3050704
2020-05	Fidelity Report D8 FINAL	Wyatt_DHS_3050808
2020-05	Fidelity Report D9 FINAL	Wyatt_DHS_3050729
2020-05	2020-05 May Child Welfare Progress Report	Wyatt_DHS_2675647
2020-05	SEIU Dashboard Monthly Personnel and Position Data Report – Draft V2	Wyatt_DHS_2675737
2020-05	Cap28– Legislative Update SB 171 WS	Wyatt_DHS_0133397
2020-06	2020-06 June Child Welfare Progress Report	Wyatt_DHS_2696501
2020-06	2019 Child Welfare Data Book	Wyatt_DHS_2675692
2020-06	CW Engagement Survey Project Update– v1	To produce
2020-06	D8 Grants Pass PIP Charts Jun20	Wyatt_DHS_2699684
2020-06	D8 Medford PIP Charts Jun20	Wyatt_DHS_2699689
2020-06	QRTP Provider Map	Wyatt_DHS_2675791
2020-06	Oregon–DHS–Child–Welfare–Procedure–Manual	Wyatt_DHS_2673813
2020-06	OR SOS Audit 2020–21 and Response	Wyatt_DHS_2948839
2020-07	Child Welfare Project Portfolio Report	Wyatt_DHS_2688097
2020-07	2020-07 July Child Welfare Progress Report	Wyatt_DHS_2688104
2020-07	CHAT News Summer 2019 ENGLISH	Wyatt_DHS_0061268
2020-07	KEEP OR Quarterly Report July 2020	Wyatt_DHS_2688109
2020-08	August 2020 Education Guidance	Wyatt_DHS_2699715
2020-08	2020-08 CW Monthly Progress Report	Wyatt_DHS_2689004
2020-08	ORRAI Status Report	Wyatt_DHS_2689151



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2020-08	D4 PIP Charts Aug-20	Wyatt_DHS_2703929
2020-09	CW Monthly Progress Report, Sept 2020	Wyatt_DHS_2689239
2020-09	ORRAI Update, Sept 2020	Wyatt_DHS_2845697
2020-09	ODHS Executive Summary 2020 – Reporting Recommendations	Wyatt_DHS_2711237
2020-09	Education Tool kit for RPs	Wyatt_DHS_2709093
2020-09	September 2020 Foster Plus Report	Wyatt_DHS_2703925
2020-09	ORRAI Status Report	Wyatt_DHS_2690480
2020-09	D2 Alberta PIP Charts Sep-20	Wyatt_DHS_2703983
2020-09	D2 East PIP Charts Sep-20	Wyatt_DHS_2704025
2020-10	CW Monthly Progress Report, Oct 2020	Wyatt_DHS_2690475
2020-10	D14 PIP Charts Oct-20	Wyatt_DHS_3063003
2020-11	Presentation to Childrens Cabinet re Family First Title IV-E Prevention Plan	Wyatt_DHS_2690750
2020-11	Vision for Transformation	Wyatt_DHS_2709455
2020-11	D9 Debrief Summary Document	Wyatt_DHS_2721468
2020-11	D9 PIP Charts	Wyatt_DHS_2721477
2020-11	D15 PIP Charts Nov-20	Wyatt_DHS_2704105
2020-11	D9 PIP Charts Nov-20	Wyatt_DHS_2721477
2020-11	Q8 OR PIP Final Progress Report	Wyatt_DHS_2690783
2020-12	D16 PIP Charts Dec-20	Wyatt_DHS_2722097
2020-12	D16 PIP Charts Dec-20	Wyatt_DHS_2704263
2021 July	D6 CFSR Charts Jul-21	Wyatt_DHS_2710544
2021 March	D5 PIP Charts Mar-21	Wyatt_DHS_2709488
2021 May	D7 CQI Charts May-21	Wyatt_DHS_2709646
2021 Q1	D2 Gresham Chart	Wyatt_DHS_2709323
2021 Q1	D2 Midtown Chart	Wyatt_DHS_2709382
2021 Q1	D5 Chart	Wyatt_DHS_2709488



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2021 Q2	D3 Marion Chart	Wyatt_DHS_2709590
2021 Q2	D7 Chart	Wyatt_DHS_2709646
2021 Q2	D8 Grants Pass Chart	Wyatt_DHS_2710220
2021 Q2	D8 Medford Chart	Wyatt_DHS_2710240
2021 Q2	D10 Chart	Wyatt_DHS_2709616
2021 Q3	D2 Alberta Chart	Wyatt_DHS_2721633
2021 Q3	D6 Chart	Wyatt_DHS_2710544
2021 Q3	D11 Chart	Wyatt_DHS_2721571
2021 Q3	D12 Chart	Wyatt_DHS_2710587
2021 Q3	D13 Chart	Wyatt_DHS_2710549
2021 Q4	D1 Chart	Wyatt_DHS_2721692
2021 Q4	D9 Chart	Wyatt_DHS_2721822
2021 Q4	D14 Chart	Wyatt_DHS_2721697
2021 Q4	D15 Chart	Wyatt_DHS_2721872
2021 Q4	D16 Chart	Wyatt_DHS_2721961
2021-01	Every Child Q1 2021 Bi-Annual Report	Wyatt_DHS_2697151
2021-01	D2 Gresham PIP Charts Jan-21	Wyatt_DHS_2709323
2021-01	D2 Midtown PIP Charts Jan-21	Wyatt_DHS_2709382
2021-03	ODHS Back to School Guidance Update March 2021	Wyatt_DHS_2709450
2021-04	Barriers during COVID for foster care letter	Wyatt_DHS_2716952
2021-04	D3 Marion CFSR Charts Apr21 Updated 41122	Wyatt_DHS_2709590
2021-04	D4 CFSR Charts Aug21 Updated 41122	Wyatt_DHS_2729883
2021-05	Fidelity Statewide Report	Wyatt_DHS_3227252
2021-05	Fidelity Comparison Report	Wyatt_DHS_3227285
2021-06	D8 Grants Pass Charts Jun-21	Wyatt_DHS_2710220
2021-06	D8 Medford Charts Jun-21	Wyatt_DHS_2710240
2021-07	Champion Team Statewide Monthly Report Final	Wyatt_DHS_2715802



DATE	Description	BATES NO. / DKT NO.
2021-08	Statewide Retention Recruitment Summaries Aug 2021	Wyatt_DHS_2710344
2021-08	D11 CFSR Charts Aug-21pdf	Wyatt_DHS_2721571
2021-08	District 11 Debrief Summary Document	Wyatt_DHS_2721560
2021-09	Alberta Debrief Summary Document	Wyatt_DHS_2721650
2021-09	D2 Alberta CFSR Charts	Wyatt_DHS_2721633
2021-09	D2 Alberta CFSR Charts Sep-21	Wyatt_DHS_2721633
2021-09	D2 East CFSR Charts Sep-21	To produce
2021-10	D1 CFSR Charts Oct-21pdf	Wyatt_DHS_2721692
2021-10	District 1 2021 Debrief Summary Document	Wyatt_DHS_2721711
2021-10	D14 CFSR Charts Oct-21pdf	Wyatt_DHS_2721697
2021-10	District 14 2021 Debrief Summary Document	Wyatt_DHS_2721702
2021-11	Fidelity Statewide Report	Wyatt_DHS_3227923
2021-11	Fidelity Comparison Report	Wyatt_DHS_3227857
2021-11	D9 CFSR Charts	Wyatt_DHS_2721822
2021-11	District 9 2021 Debrief Summary Document	Wyatt_DHS_2721827
2021-11	D15 CFSR Charts Nov-21pdf	Wyatt_DHS_2721872
2021-11	District 15 2021 Debrief Summary	Wyatt_DHS_2721836
2021-11	D15 CFSR Charts Nov-21	Wyatt_DHS_2721872
2021-11	D9 CFSR Charts Nov-21	Wyatt_DHS_2721822
2021-12	Temporary Lodging draft dashboard	Wyatt_DHS_2711656
2021-12	D16 2021 Debrief Summary Document	Wyatt_DHS_2722056
2021-12	D16 2021 Debrief Summary Document	Wyatt_DHS_2721966
2021-12	D16 CFSR Charts	Wyatt_DHS_2721961
2021-12	D16 CFSR Charts Dec-21	Wyatt_DHS_2721961
2021-12	CW Monthly Progress Report, Dec 2021	Wyatt_DHS_2716739
2021-2022	CCWIS Automated Function Checklist 2021-22	Wyatt_DHS_2711268



DATE	Description	BATES NO. / DKT NO.
2022 February– March	D5 CFSR Charts Feb–Mar22	Wyatt_DHS_2729888
2022 Q1	CFSR Review Ratings 2016 vs 2021 Chart	Wyatt_DHS_2729837
2022 Q1	CFSR Review Ratings 2016 vs 2021	Wyatt_DHS_2729838
2022–01	ODHS News – Program division leadership updates	To produce
2022–01	D2 Gresham CFSR Charts	Wyatt_DHS_2722205
2022–01	D2 Midtown CFSR Charts Jan–22docx	Wyatt_DHS_2722272
2022–01	Midtown Debrief Document	Wyatt_DHS_2722259
2022–01	D2 Gresham CFSR Charts Jan–22	Wyatt_DHS_2722205
2022–01	D2 Midtown CFSR Charts Jan–22	Wyatt_DHS_2729868
2022–01	CW Monthly Progress Report, Jan 2022	Wyatt_DHS_2721125
2022–01	DHS CW Vision for Transformation 2021 Year in Review	Wyatt_DHS_2952753
2022–01	Resource Family Retention and Recruitment Statewide Recap Report Jan 2022	Wyatt_DHS_2721293
2022–01	OHA Res Youth Program Testing Guidance	Wyatt_DHS_2727249
2022–02	CW Monthly Report for February 2022	Wyatt_DHS_2781206
2022–02	Gresham Debrief Summary Document	Wyatt_DHS_2722208
2022–02	D5 CFSR Charts Feb–Mar22	Wyatt_DHS_2729888
2022–02	Oregon DHS Child Welfare Procedure Manual	Wyatt_DHS_2718760
2022–03	Child Protective Services Supervisor Toolkit Draft v1	To produce
2022–03	CW Monthly Progress Report, March 2022	Wyatt_DHS_2722460
2022–04	CW Monthly Progress Report, April 2022	Wyatt_DHS_2729630
2022–04	D3 Marion CFSR Charts	Wyatt_DHS_2966419
2022–04	D3 Polk–Yamhill CFSR Charts	Wyatt_DHS_2730085
2022–04	CW Monthly Progress Report, April 2022	Wyatt_DHS_2729630
2022–04	D3 Marion CFSR Charts Apr–22	Wyatt_DHS_2730090



DATE	Description	BATES NO. / DKT NO.
2022-04	D3 Polk-Yamhill CFSR Charts Apr-22	Wyatt_DHS_2730085
2022-05	Spring 2022 ORCAH Newsletter (https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/de4271.pdf)	Publicly available
2022-05	CW Monthly Progress Report, May 2022	Wyatt_DHS_2730154
2022-08	2022 Training Matrix Redesign	Wyatt_DHS_4564347
2022-12	CW Monthly Progress Report, Dec 2022	Wyatt_DHS_4564523
2022-23	34 FY CAPTA Citizen Review Panel Report	Wyatt_DHS_4466603
2023-01	CW Monthly Progress Report, Jan 2023	Wyatt_DHS_4564543
2023-02	CW Monthly Progress Report, Feb 2023	Wyatt_DHS_4564563
2023-03	CW Monthly Progress Report, March 2023	Wyatt_DHS_4564585
2023-04	CW Monthly Progress Report, April 2023	Wyatt_DHS_4564607
2023-05	CW Monthly Progress Report, May 2023	Wyatt_DHS_4564629
2023-06	CW Monthly Progress Report, June 2023	Wyatt_DHS_4564651
2023-08	CW Monthly Progress Report, August 2023	Wyatt_DHS_4665916
2023-09	CW Monthly Progress Report, September 2023	Wyatt_DHS_4665979
2023-10	CW Monthly Progress Report, October 2023	Wyatt_DHS_4666015
May 2022- Sept 2023	Child Specific Caregiver Supports Pilot Final Combined Data Report	To produce
NA	OAR 413-120-0800 to 413-120-0880 Disruption	Publicly available
NA	OAR 413-130-0020 Post Adoption Services	Publicly available
NA	ORS 418.270 Surrender of Child to CCA, consent to adoption	Publicly available
NA	Web - State of Oregon_ Policy Offices - Child Foster Care Advisory Commission (https://www.oregon.gov/gov/policies/Pages/child-foster-care-advisory-commission.aspx)	Publicly available
NA	ORS 418/575 to 418.598 re SPRF	Wyatt_DHS_2502746



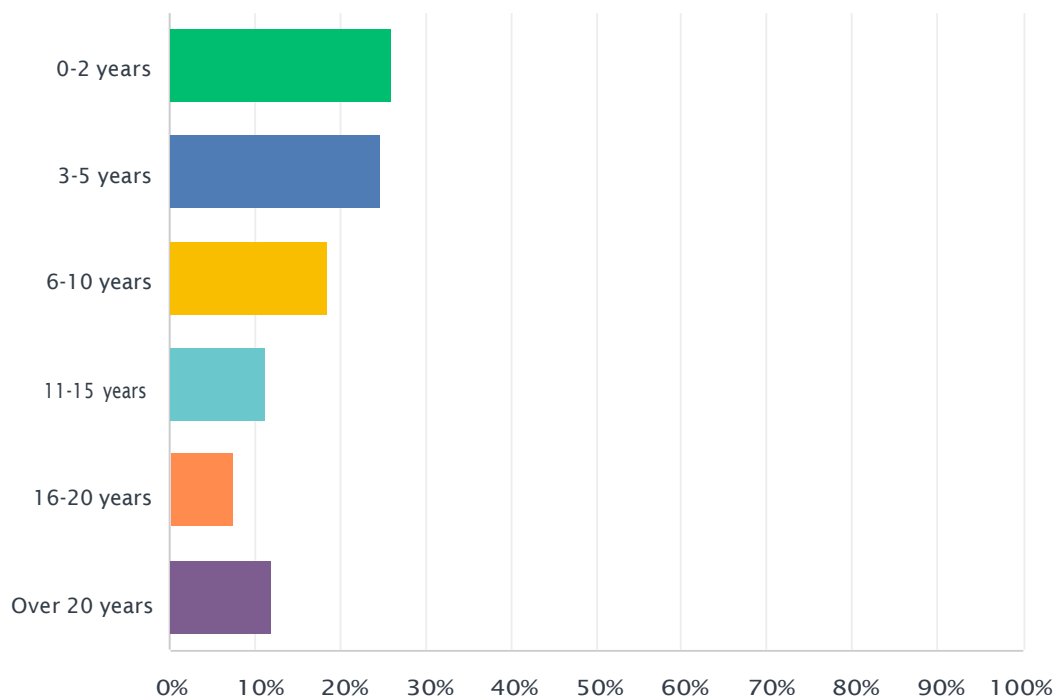
DATE	Description	BATES NO. / DKT NO.
NA	About DHS – Foster Care Ombudsman (https://www.oregon.gov/odhs/about/pages/foster-care-ombuds.aspx#:~:text=Foster%20Care%20Ombuds,of%20the%20Governor's%20Advocacy%20Office.)	Publicly available
NA	About DHS – Governor's Advocacy Office (https://www.oregon.gov/odhs/about/Pages/gao.aspx)	Publicly available
NA	An Overview of DHS Teen Services Booklet	To produce



Appendix E: Survey Results

Q1 How long have you worked at DHS?

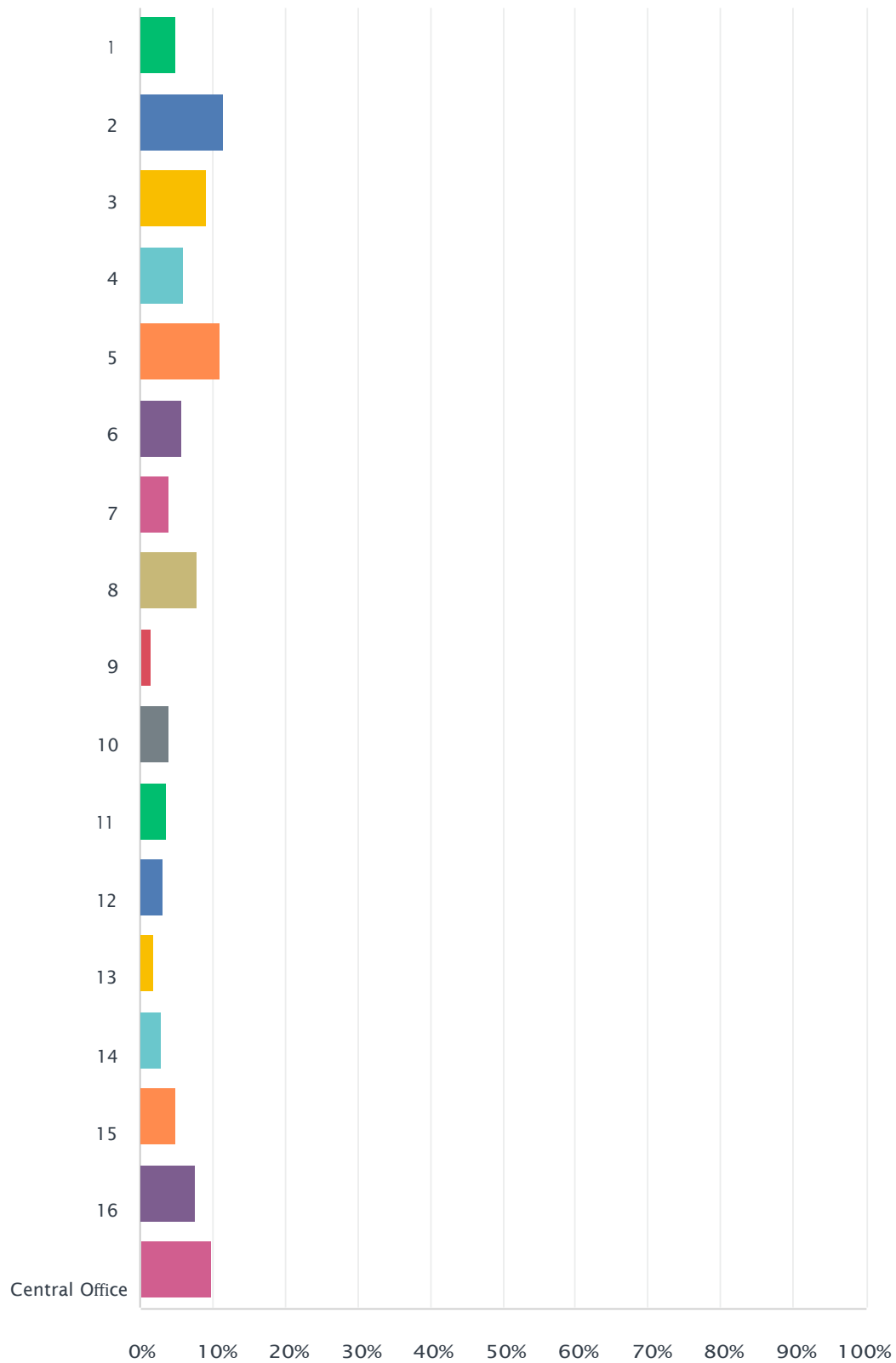
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ANSWER CHOICES	RESPONSES	
0-2 years	26.10%	250
3-5 years	24.74%	237
6-10 years	18.48%	177
11-15 years	11.27%	108
16-20 years	7.52%	72
Over 20 years	11.90%	114
TOTAL		958

Q2 What district do you work in?

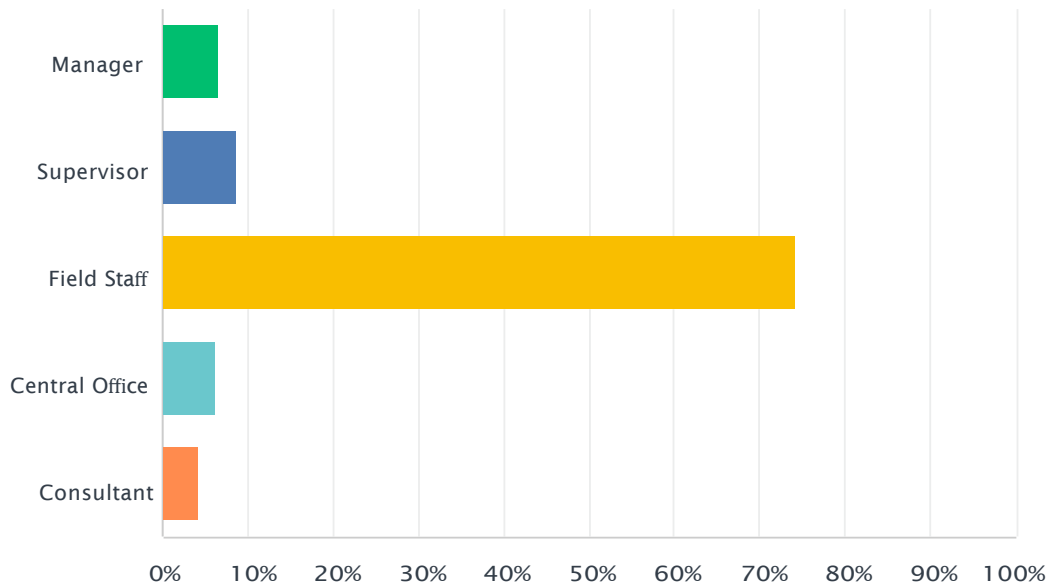
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ANSWER CHOICES	RESPONSES	
1	4.91%	47
2	11.48%	110
3	9.08%	87
4	5.95%	57
5	11.17%	107
6	5.85%	56
7	4.07%	39
8	7.93%	76
9	1.57%	15
10	3.97%	38
11	3.55%	34
12	3.24%	31
13	1.88%	18
14	2.92%	28
15	5.01%	48
16	7.72%	74
Central Office	9.71%	93
TOTAL		958

Q3 What is your role at DHS?

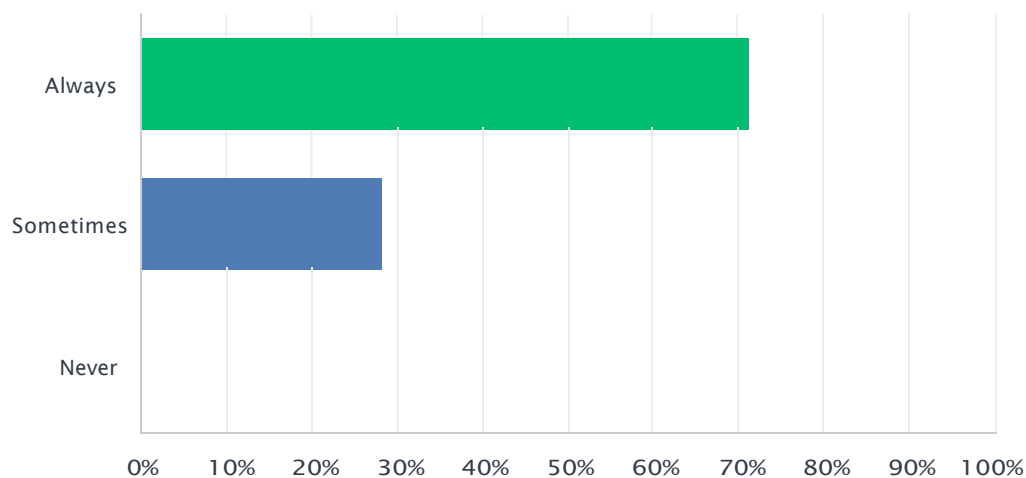
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ANSWER CHOICES	RESPONSES	
Manager	6.58%	63
Supervisor	8.77%	84
Field Staff	74.22%	711
Central Office	6.16%	59
Consultant	4.28%	41
TOTAL		958

Q4 Does CW address safety threats and safety concerns of children in their homes?

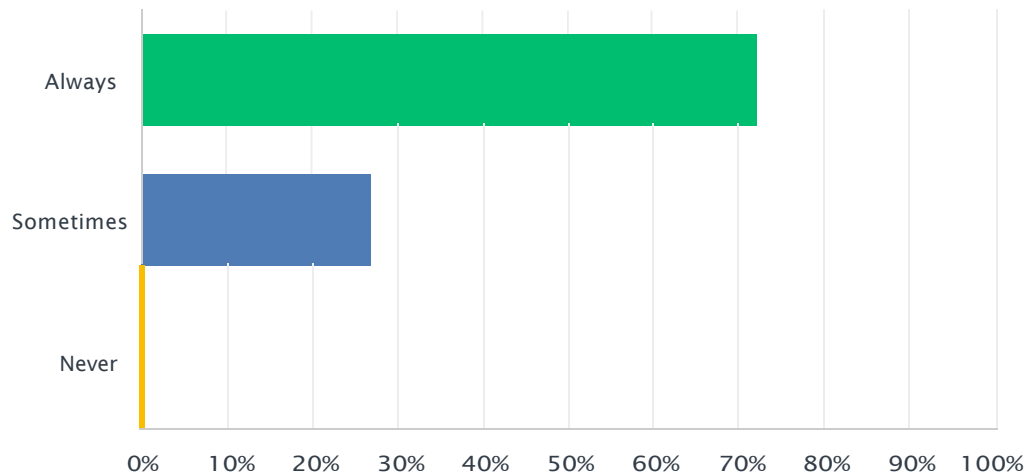
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ANSWER CHOICES	RESPONSES	
Always	71.48%	396
Sometimes	28.34%	157
Never	0.18%	1
TOTAL		554

Q5 Does CW assess safety threats and safety concerns of children in substitute care?

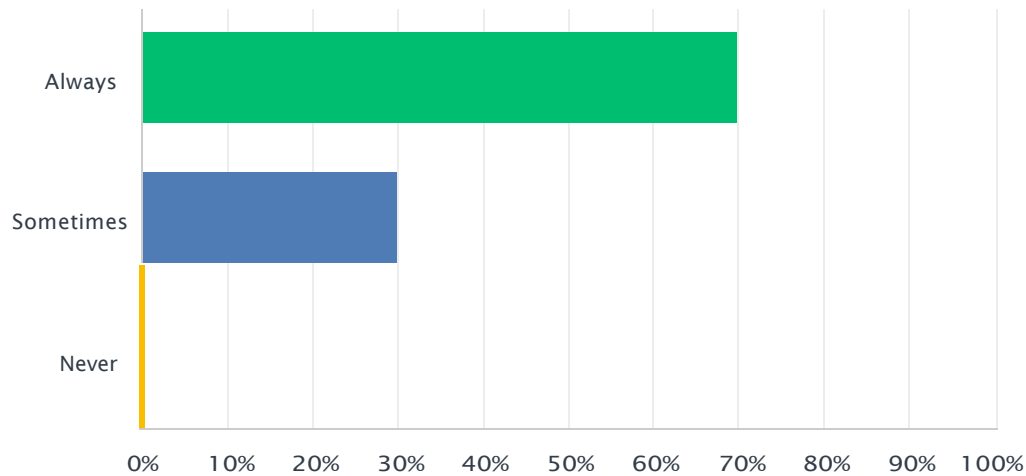
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ANSWER CHOICES	RESPONSES	
Always	72.38%	401
Sometimes	27.08%	150
Never	0.54%	3
TOTAL		554

Q6 Does CW address safety threats and safety concerns of children in substitute care?

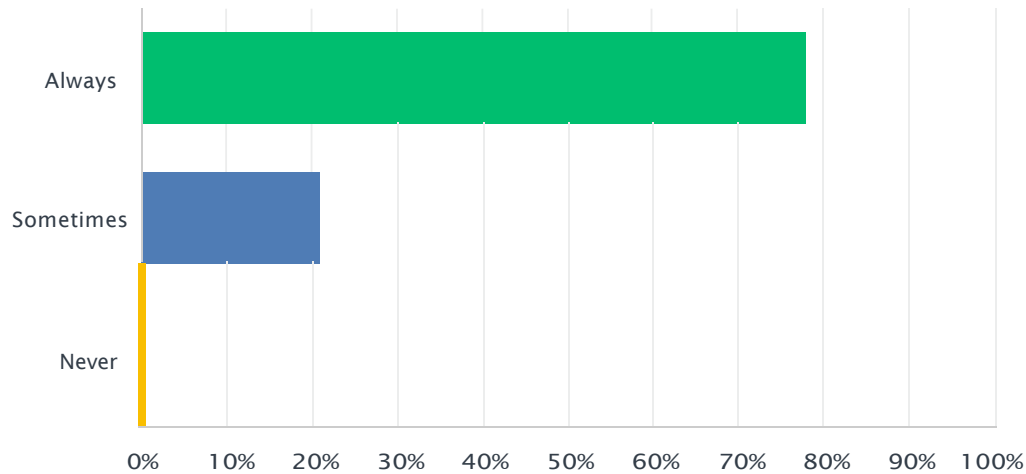
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ANSWER CHOICES	RESPONSES	
Always	69.49%	385
Sometimes	29.96%	166
Never	0.54%	3
TOTAL		554

Q7 Does CW maintain the confidentiality of reports of abuse in care?

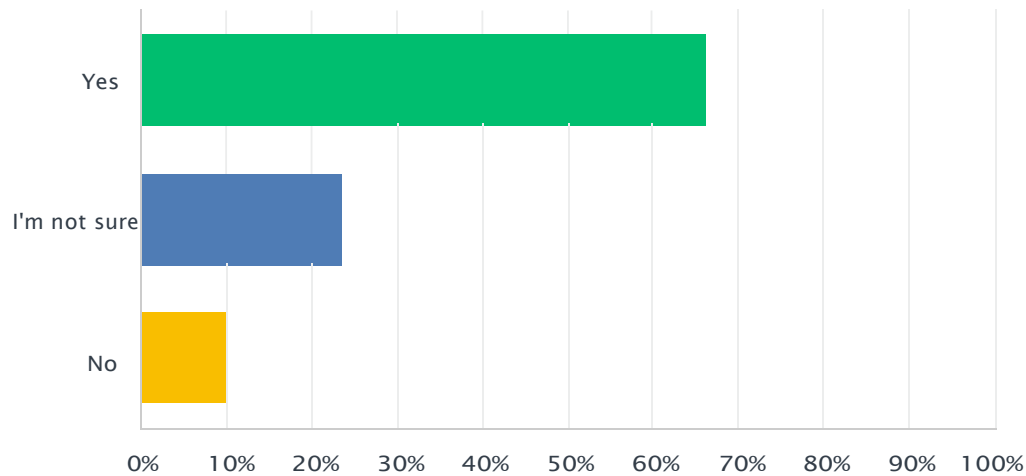
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ANSWER CHOICES	RESPONSES	
Always	77.98%	432
Sometimes	21.12%	117
Never	0.90%	5
TOTAL		554

Q8 Is the process of responding to allegations of abuse and neglect regarding children in substitute care clear?

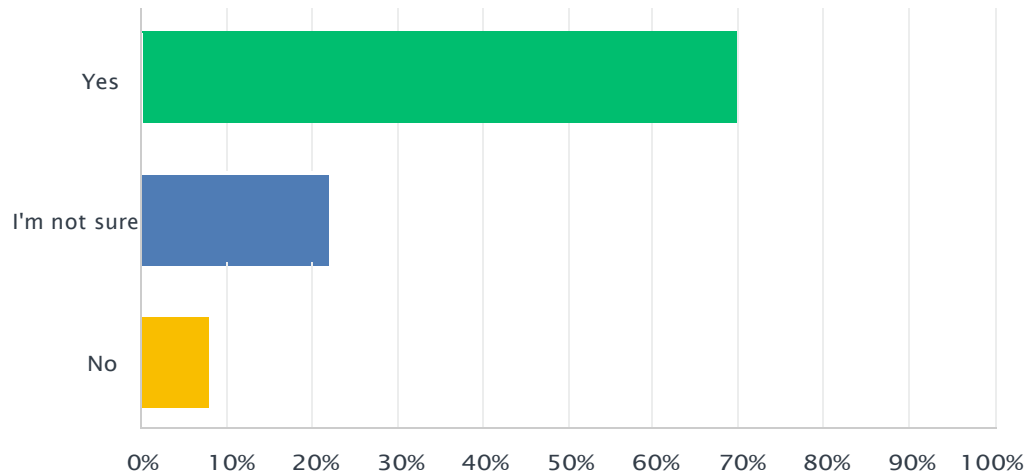
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ANSWER CHOICES	RESPONSES	
Yes	66.25%	367
I'm not sure	23.65%	131
No	10.11%	56
TOTAL		554

Q9 Is the process of responding to allegations of abuse and neglect regarding children in substitute care understandable:

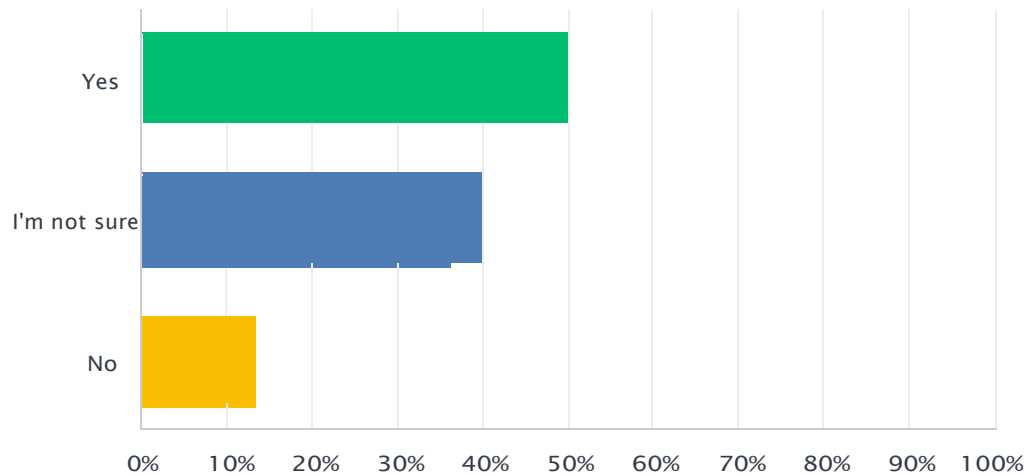
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ANSWER CHOICES	RESPONSES	
Yes	69.68%	386
I'm not sure	22.20%	123
No	8.12%	45
TOTAL		554

Q10 Does CW standardize the response to allegations of maltreatment for children in substitute care?

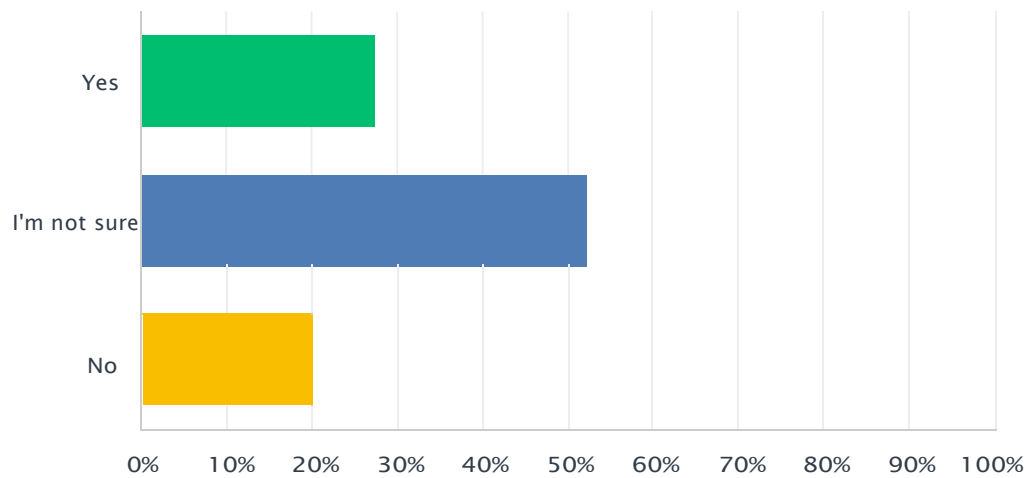
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ANSWER CHOICES	RESPONSES	
Yes	49.82%	276
I'm not sure	36.46%	202
No	13.72%	76
TOTAL		554

Q11 Has CW standardized the protocol for "closed at screening"?

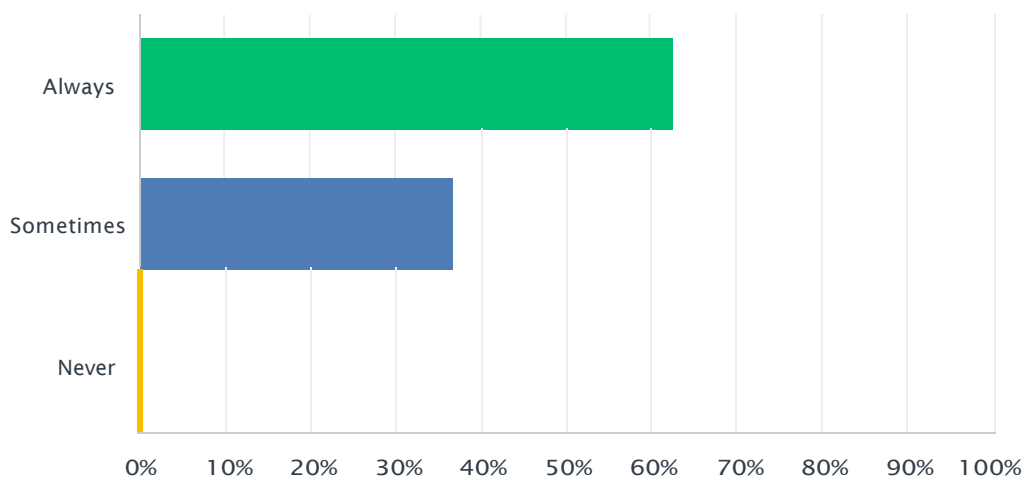
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ANSWER CHOICES	RESPONSES	
Yes	27.44%	152
I'm not sure	52.35%	290
No	20.22%	112
TOTAL		554

Q12 Does CW ensure that requirements (agency policies, legal regulations, or laws) are met when recruiting, certifying, and monitoring foster parents?

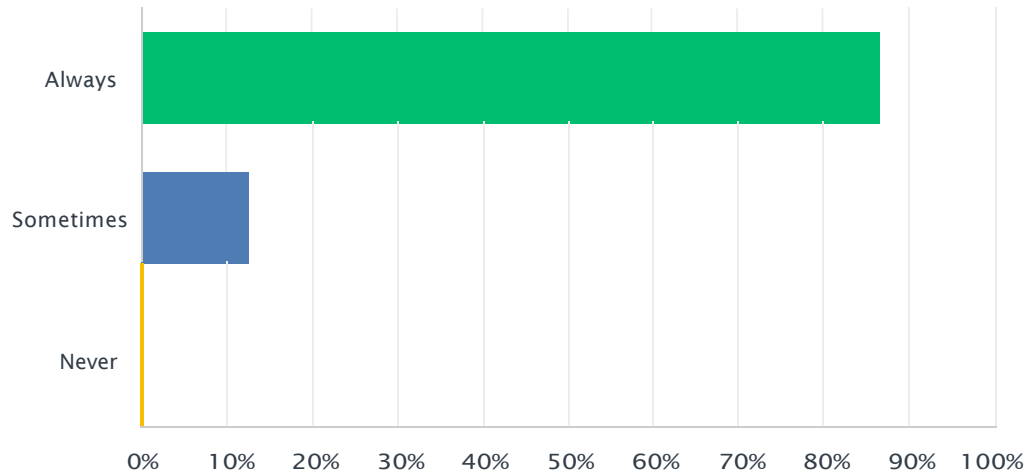
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ANSWER CHOICES	RESPONSES	
Always	62.64%	347
Sometimes	36.82%	204
Never	0.54%	3
TOTAL		554

Q13 Does CW comply with federal background check requirements during certification of substitute care providers?

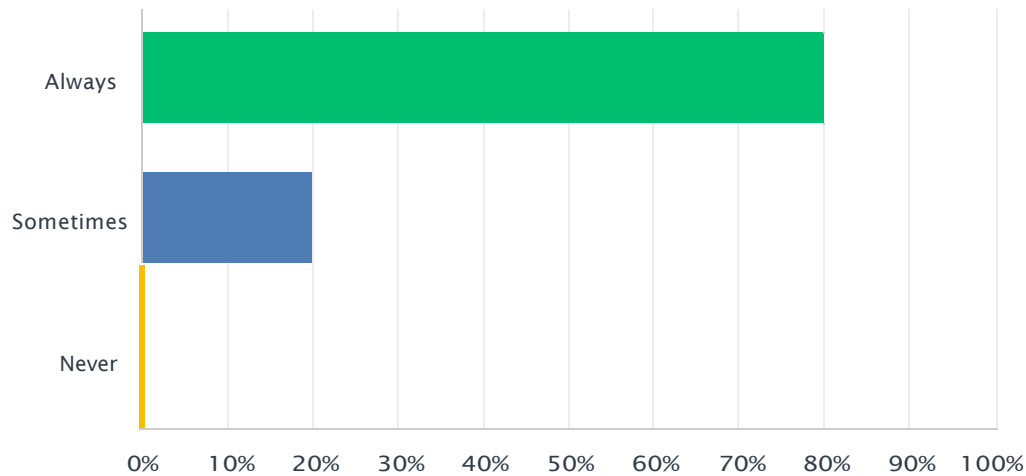
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ANSWER CHOICES	RESPONSES	
Always	86.82%	481
Sometimes	12.82%	71
Never	0.36%	2
TOTAL		554

Q14 Does CW comply with federal background check requirements during oversight of substitute care providers?

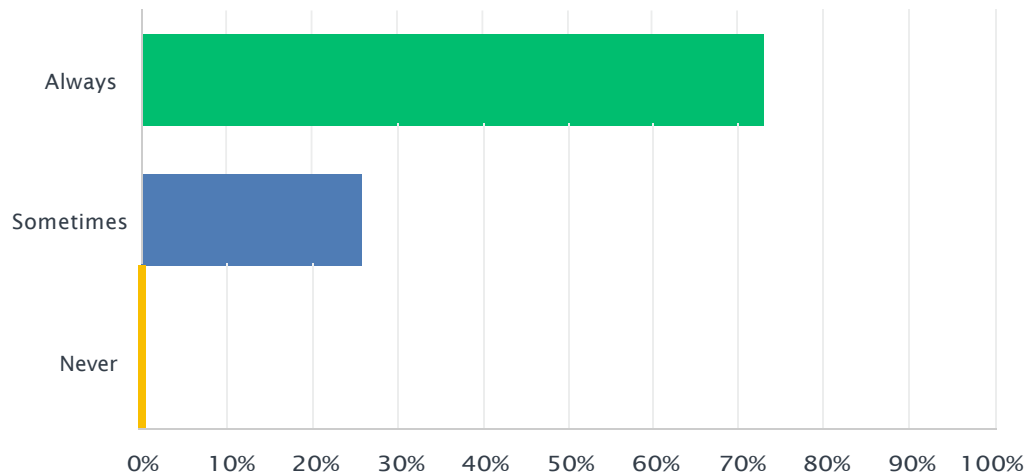
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ANSWER CHOICES	RESPONSES	
Always	80.14%	444
Sometimes	19.31%	107
Never	0.54%	3
TOTAL		554

Q15 Does CW leadership advocate for safety for children under CW supervision?

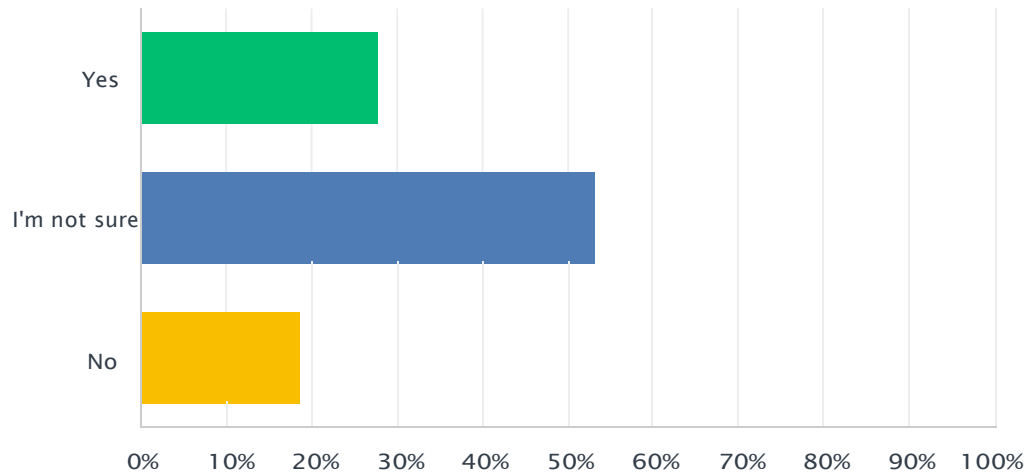
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ANSWER CHOICES	RESPONSES	
Always	73.10%	405
Sometimes	25.99%	144
Never	0.90%	5
TOTAL		554

Q16 Has the organizational culture of CW improved during the tenure of Rebecca Jones Gaston?

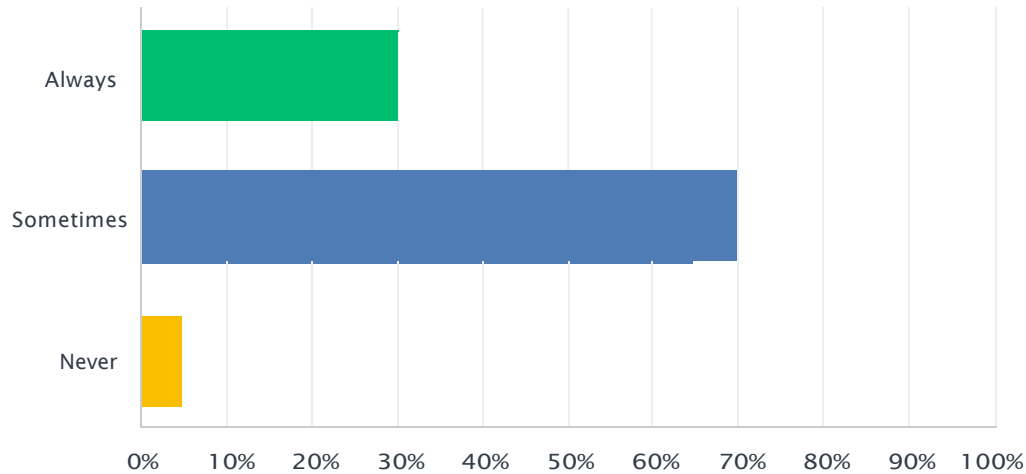
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ANSWER CHOICES	RESPONSES	
Yes	27.98%	155
I'm not sure	53.25%	295
No	18.77%	104
TOTAL		554

Q17 Do you believe that CW leadership pursues appropriate policy changes to improve child protection?

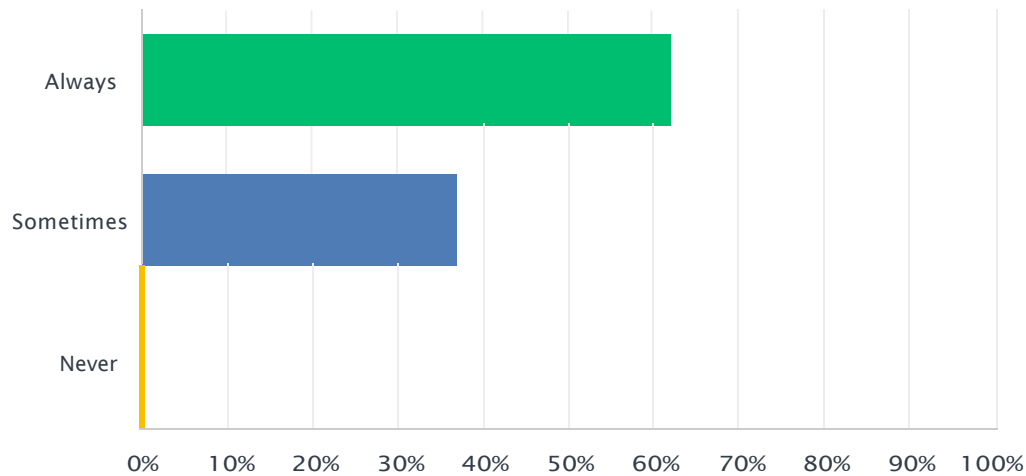
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ANSWER CHOICES	RESPONSES	
Always	30.32%	168
Sometimes	64.80%	359
Never	4.87%	27
TOTAL		554

Q18 Does CW respond according to policies and procedures to maltreatment reports from children in substitute care?

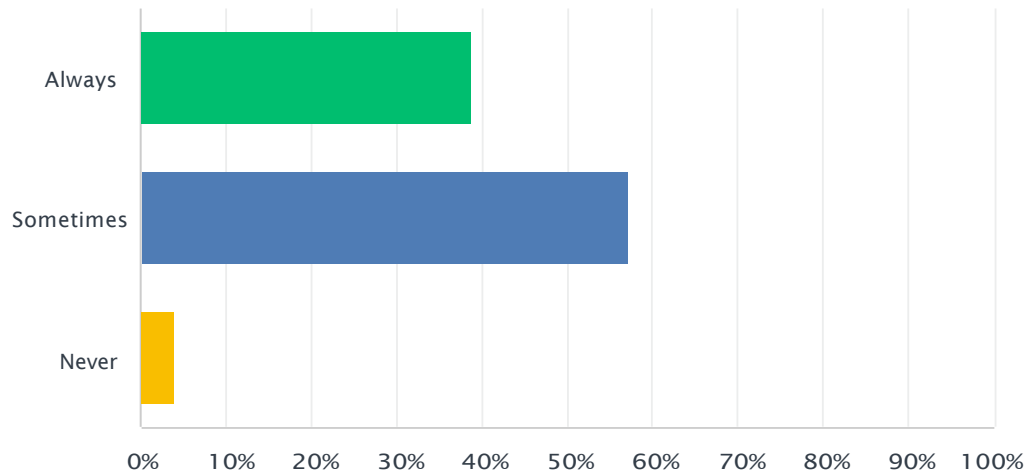
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ANSWER CHOICES	RESPONSES	
Always	62.27%	345
Sometimes	37.18%	206
Never	0.54%	3
TOTAL		554

Q19 Does CW engage in continuous quality improvement processes at the state level?

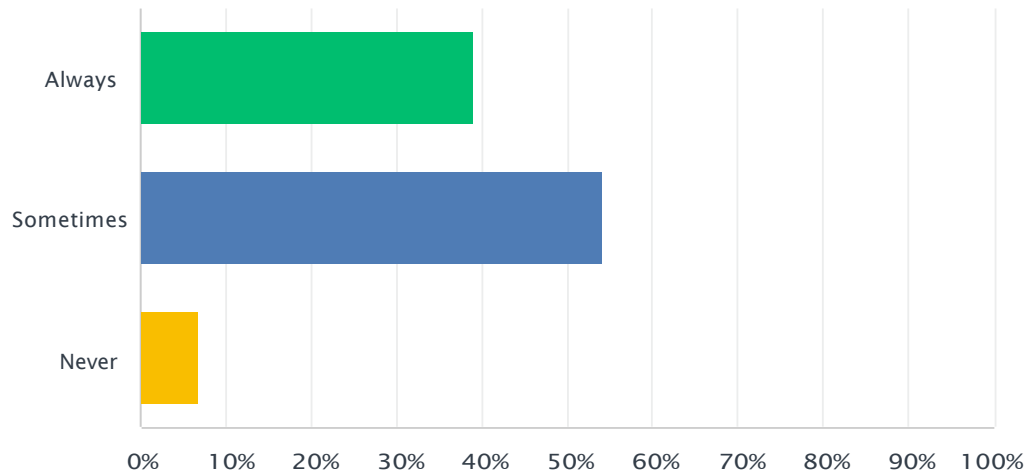
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ANSWER CHOICES	RESPONSES	
Always	38.81%	215
Sometimes	57.04%	316
Never	4.15%	23
TOTAL		554

Q20 Does CW engage in continuous quality improvement processes at the district level?

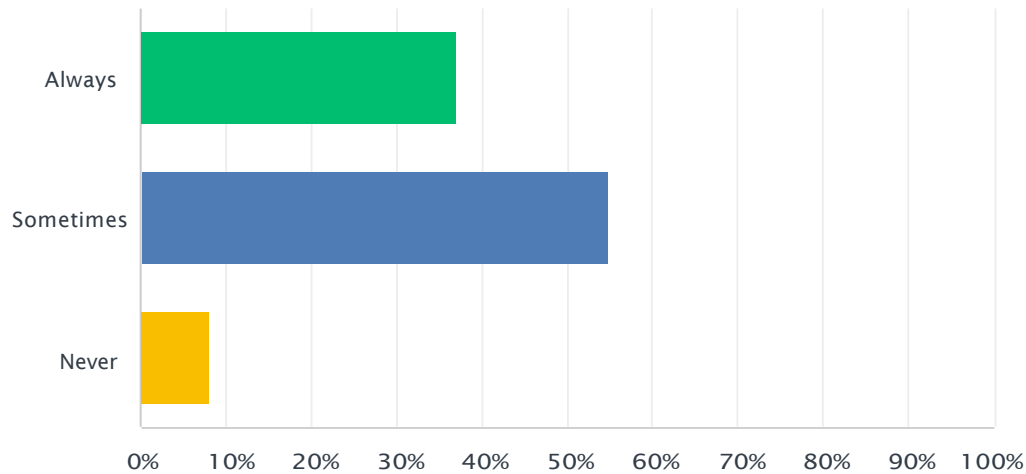
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ANSWER CHOICES	RESPONSES	
Always	38.99%	216
Sometimes	54.15%	300
Never	6.86%	38
TOTAL		554

Q21 Does CW engage in continuous quality improvement processes at the county level?

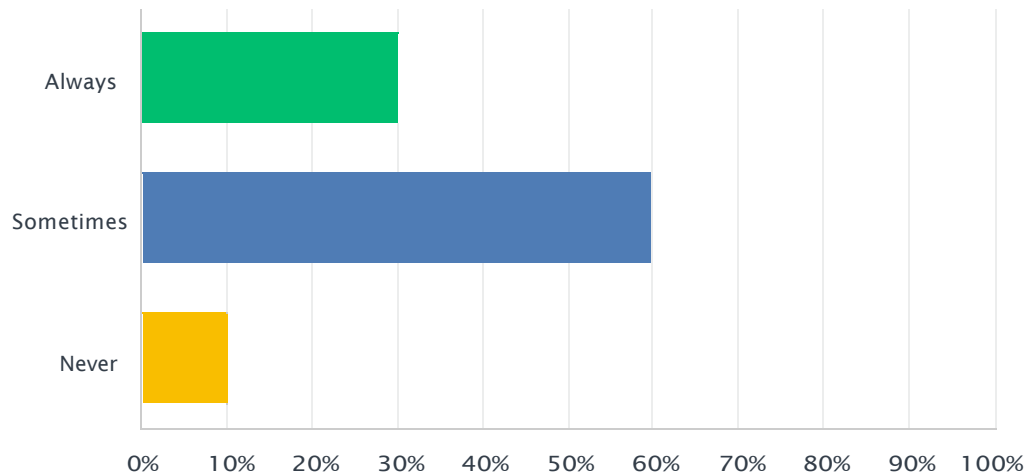
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ANSWER CHOICES	RESPONSES	
Always	37.00%	205
Sometimes	54.87%	304
Never	8.12%	45
TOTAL		554

Q22 Does CW use the evaluations of the quality of services to improve service delivery to families?

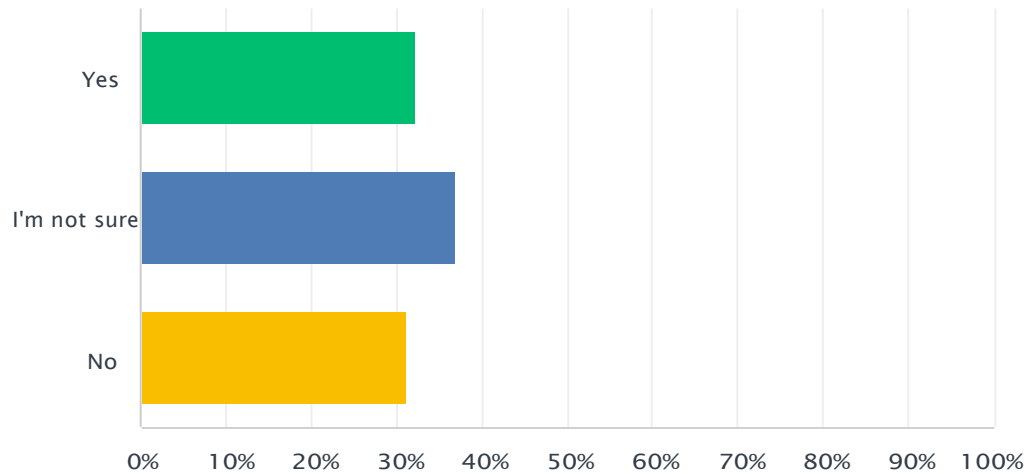
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ANSWER CHOICES	RESPONSES	
Always	30.32%	168
Sometimes	59.39%	329
Never	10.29%	57
TOTAL		554

Q23 Does CW provide training and coaching for staff on how to use data to drive decisions and improve quality of services?

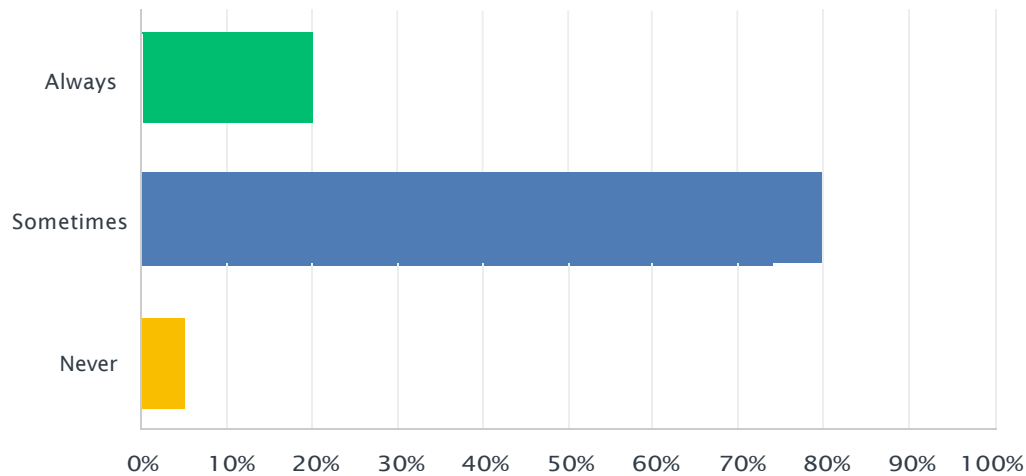
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ANSWER CHOICES	RESPONSES	
Yes	32.13%	178
I'm not sure	36.82%	204
No	31.05%	172
TOTAL		554

Q24 Does CW recruit and retain foster parents who are able to meet the identified needs of children in foster care?

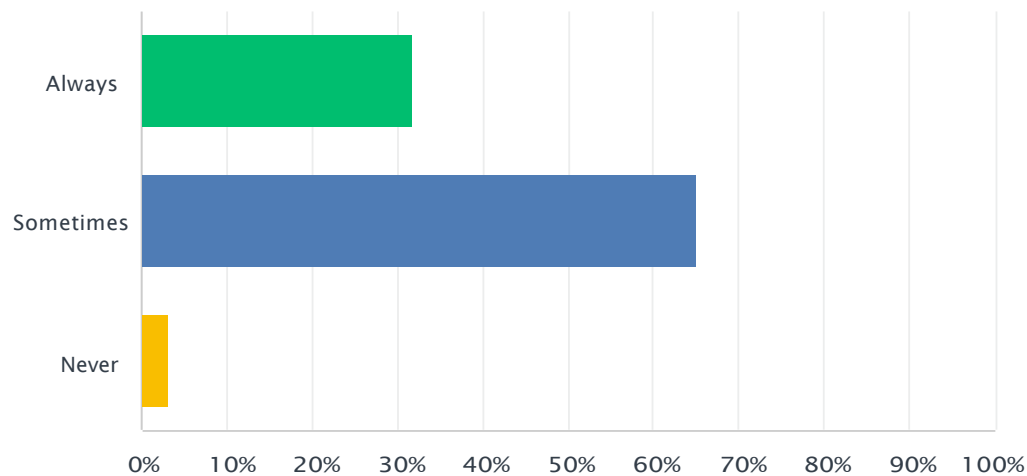
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ANSWER CHOICES	RESPONSES	
Always	20.40%	113
Sometimes	74.19%	411
Never	5.42%	30
TOTAL		554

Q25 Does CW recruit and retain appropriate child-specific providers, including kith and kin, to care for the number of children who need such placements?

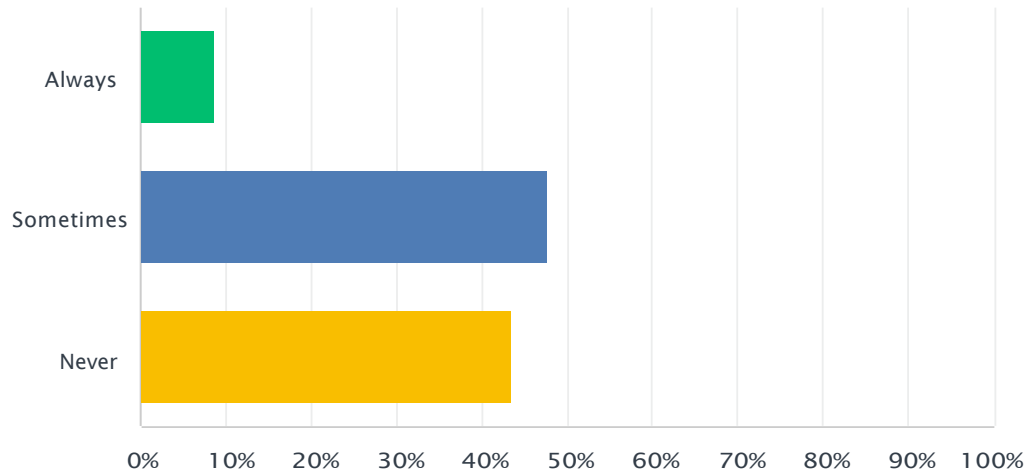
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ANSWER CHOICES	RESPONSES	
Always	31.77%	176
Sometimes	64.98%	360
Never	3.25%	18
TOTAL		554

Q26 Does CW maintain an appropriate number of foster homes to house the number of children who need to be placed in foster care?

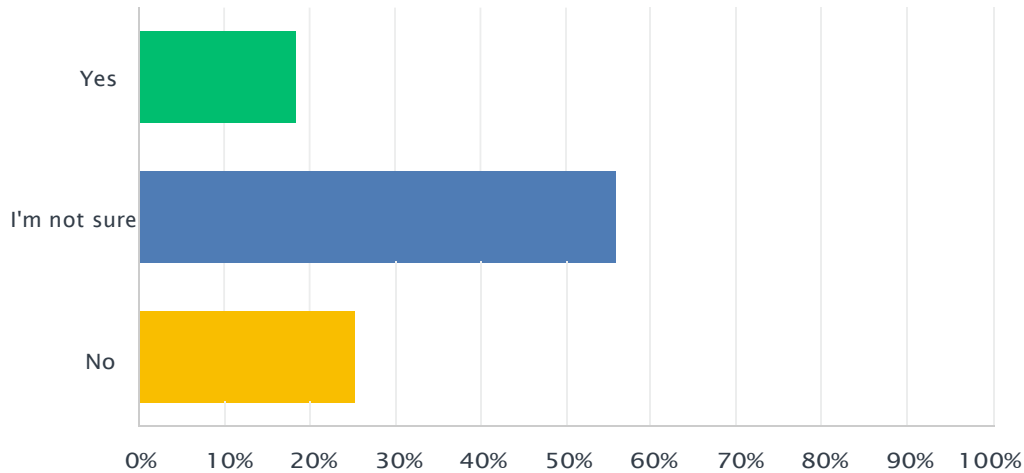
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ANSWER CHOICES	RESPONSES	
Always	8.66%	48
Sometimes	47.83%	265
Never	43.50%	241
TOTAL		554

Q27 Does CW conduct Diligent Recruitment (the process of recruiting, retaining, and supporting foster families that reflect the ethnicity and race of children in substitute care) of foster care providers?

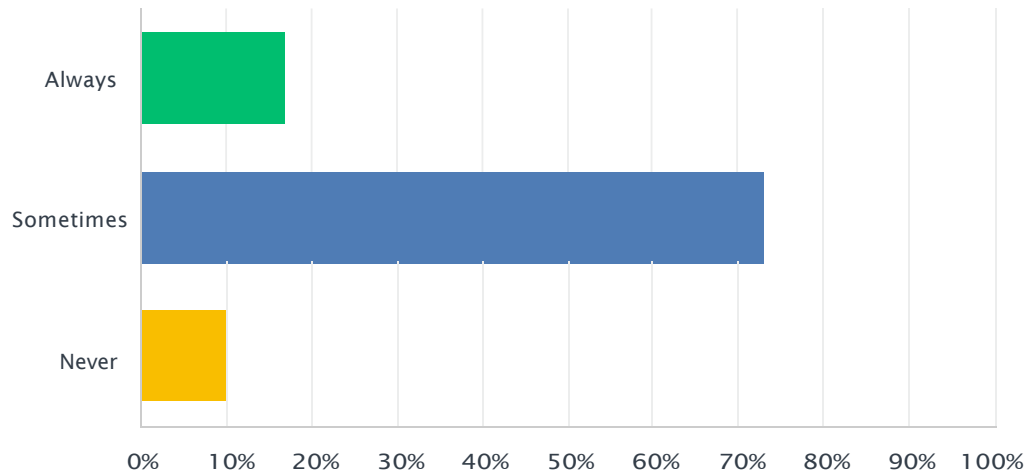
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ANSWER CHOICES	RESPONSES	
Yes	18.59%	103
I'm not sure	56.14%	311
No	25.27%	140
TOTAL		554

Q28 Does CW recruit and retain substitute care providers who can care for children who identify as LGBTQIA+?

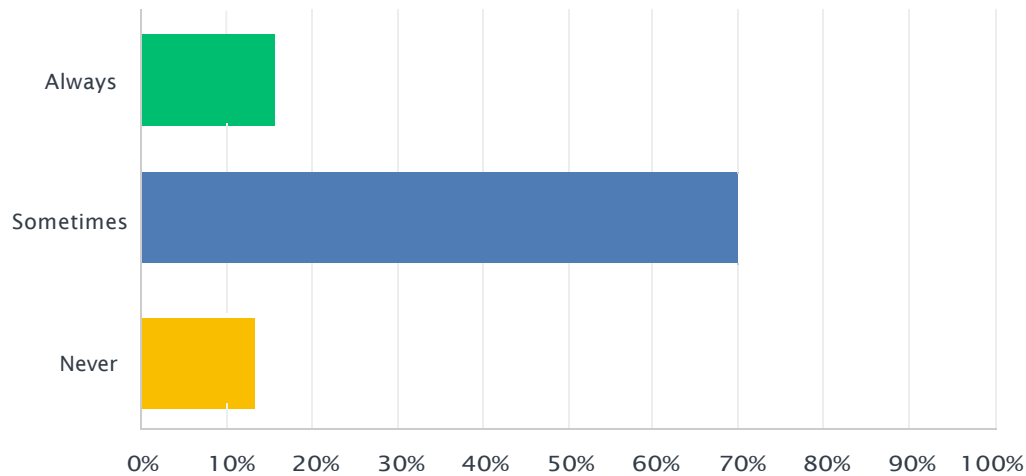
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ANSWER CHOICES	RESPONSES	
Always	17.15%	95
Sometimes	73.10%	405
Never	9.75%	54
TOTAL		554

Q29 Does CW recruit and retain substitute care providers who can care for children who are living with high needs?

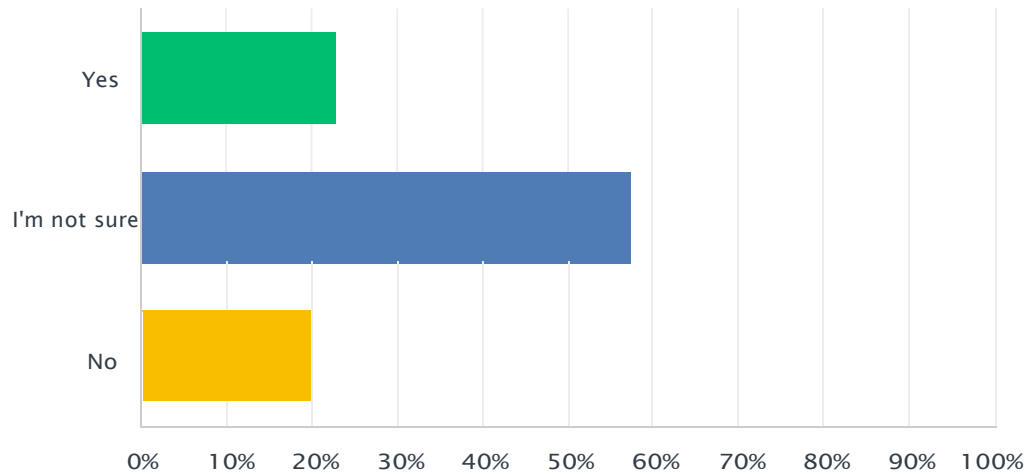
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ANSWER CHOICES	RESPONSES	
Always	15.88%	88
Sometimes	70.76%	392
Never	13.36%	74
TOTAL		554

Q30 Does CW provide training and coaching for staff on best practices for recruitment of substitute care providers?

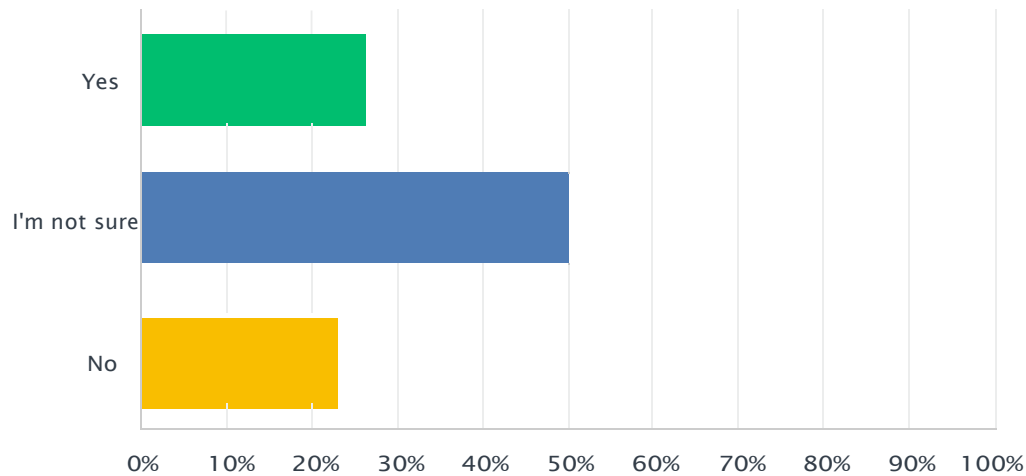
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ANSWER CHOICES	RESPONSES	
Yes	23.10%	128
I'm not sure	57.58%	319
No	19.31%	107
TOTAL		554

Q31 Does CW provide training and coaching for staff on best practices for retention of substitute care providers?

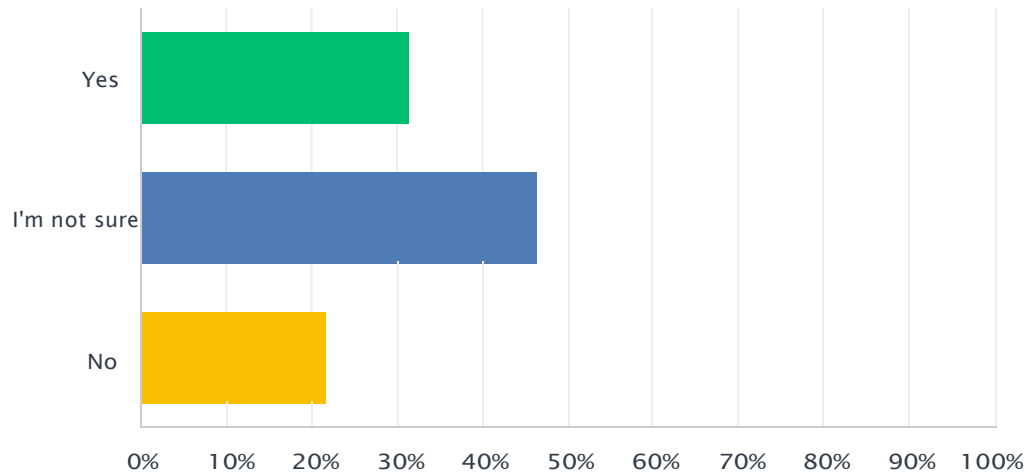
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ANSWER CHOICES	RESPONSES	
Yes	26.35%	146
I'm not sure	50.36%	279
No	23.29%	129
TOTAL		554

Q32 Does CW provide training and coaching for staff on best practices for support of substitute care providers?

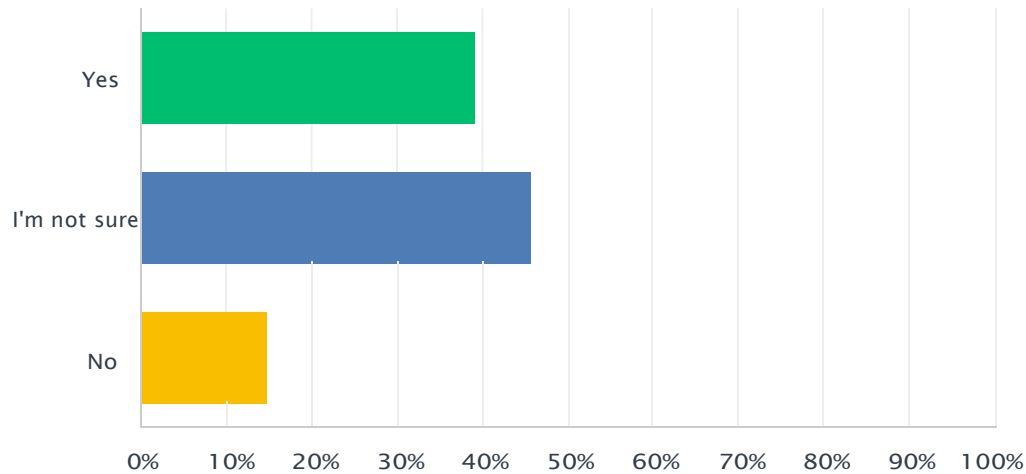
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ANSWER CHOICES	RESPONSES	
Yes	31.59%	175
I'm not sure	46.57%	258
No	21.84%	121
TOTAL		554

Q33 Does CW leadership support the recruitment, retention, and support of substitute care providers?

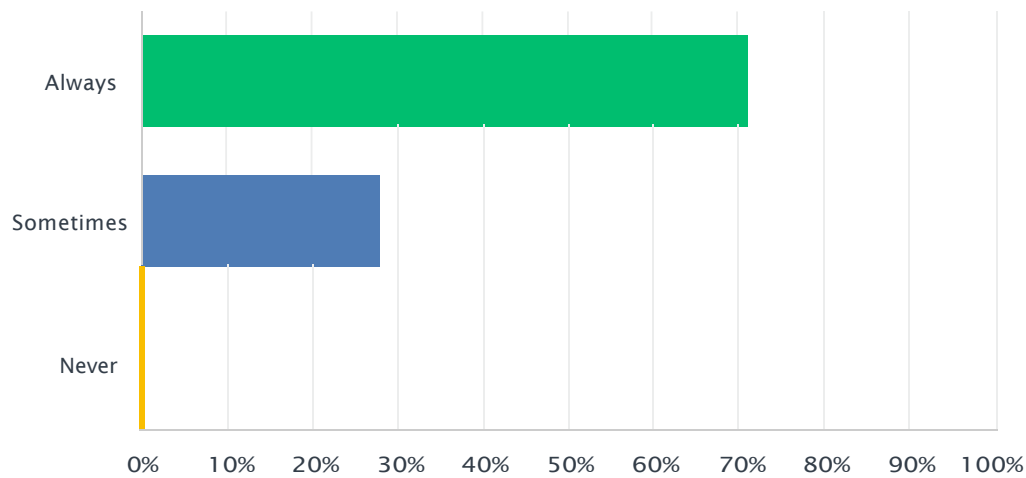
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ANSWER CHOICES	RESPONSES	
Yes	39.17%	217
I'm not sure	45.85%	254
No	14.98%	83
TOTAL		554

Q34 Does CW prioritize the placement of children with relatives?

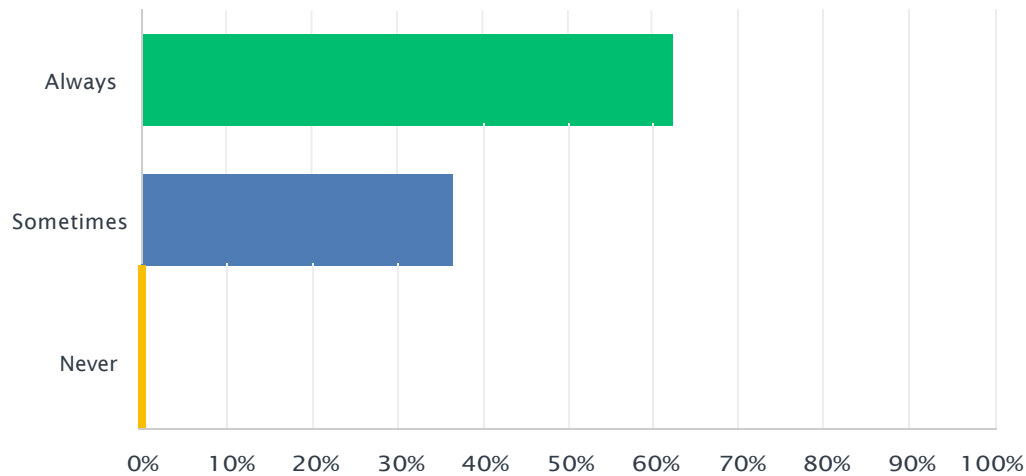
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ANSWER CHOICES	RESPONSES	
Always	71.30%	395
Sometimes	28.16%	156
Never	0.54%	3
TOTAL		554

Q35 Does CW conduct ongoing searches for relatives of children in substitute care?

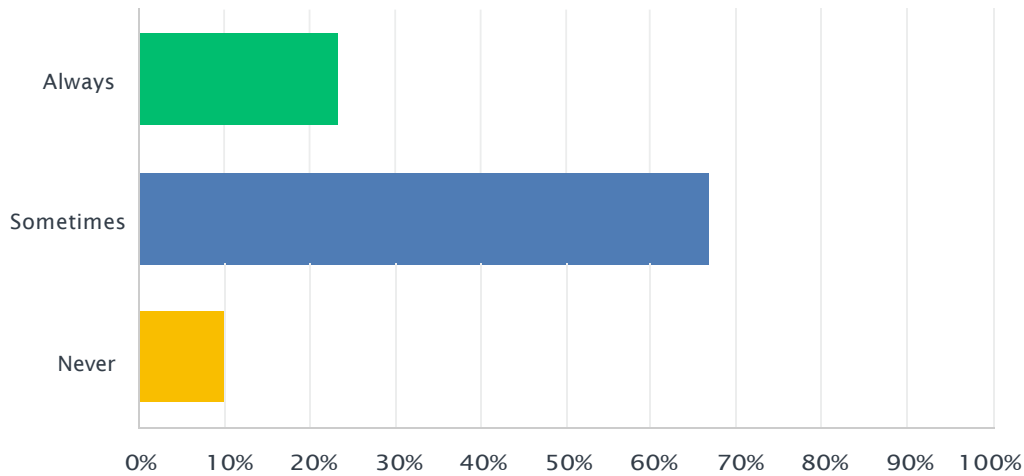
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ANSWER CHOICES	RESPONSES	
Always	62.45%	346
Sometimes	36.64%	203
Never	0.90%	5
TOTAL		554

Q36 Does CW appropriately match children to substitute care placements based on the needs of the child and the capability of the providers?

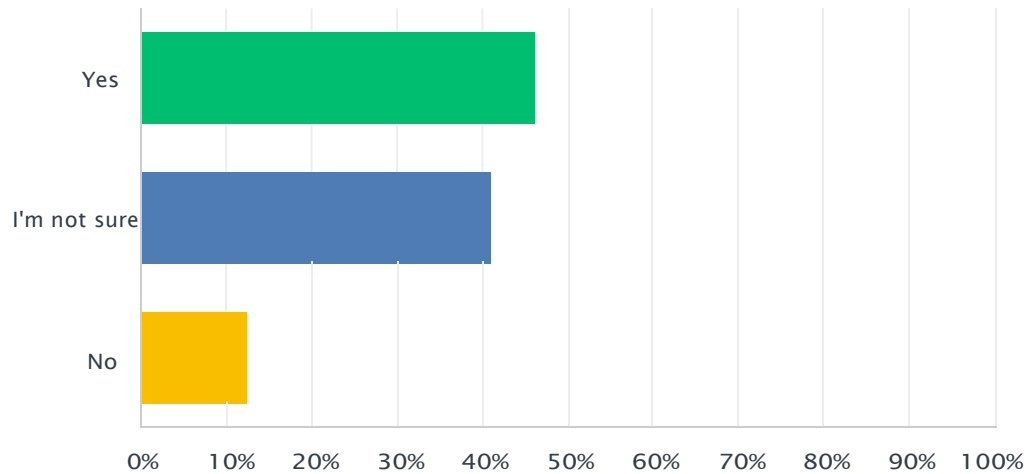
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ANSWER CHOICES	RESPONSES	
Always	23.47%	130
Sometimes	66.97%	371
Never	9.57%	53
TOTAL		554

Q37 Does CW provide training and coaching to staff on best practices for improving permanence for children in substitute care?

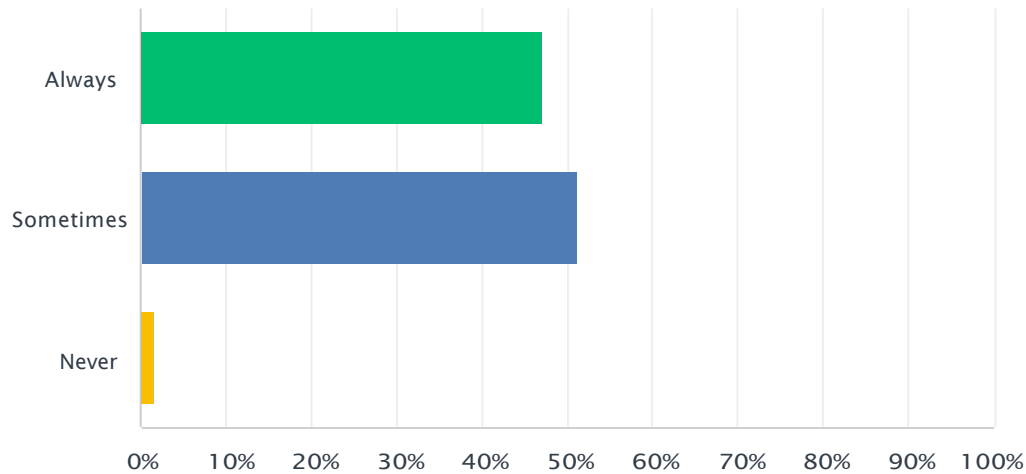
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ANSWER CHOICES	RESPONSES	
Yes	46.21%	256
I'm not sure	41.16%	228
No	12.64%	70
TOTAL		554

Q38 Does CW identify permanency goals appropriate to the needs of the child?

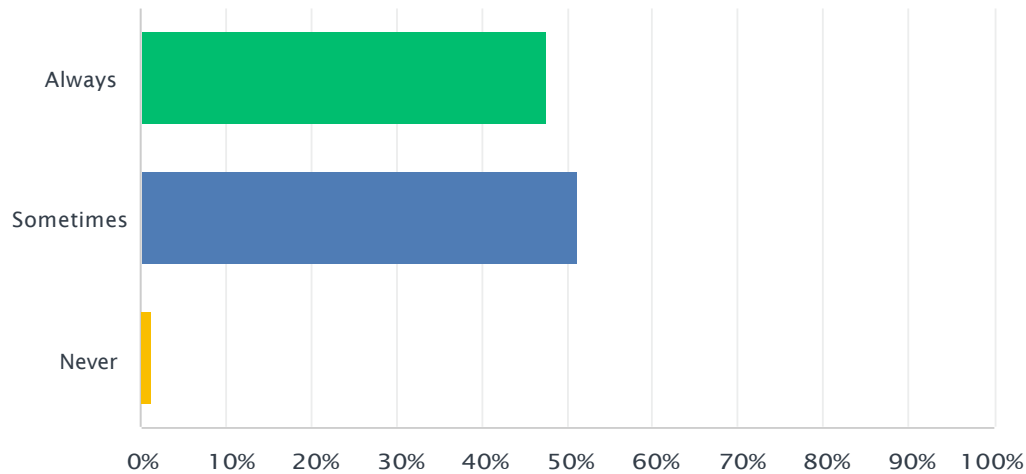
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ANSWER CHOICES	RESPONSES	
Always	47.11%	261
Sometimes	51.08%	283
Never	1.81%	10
TOTAL		554

Q39 Does CW create permanency plans based on the identified needs of the child?

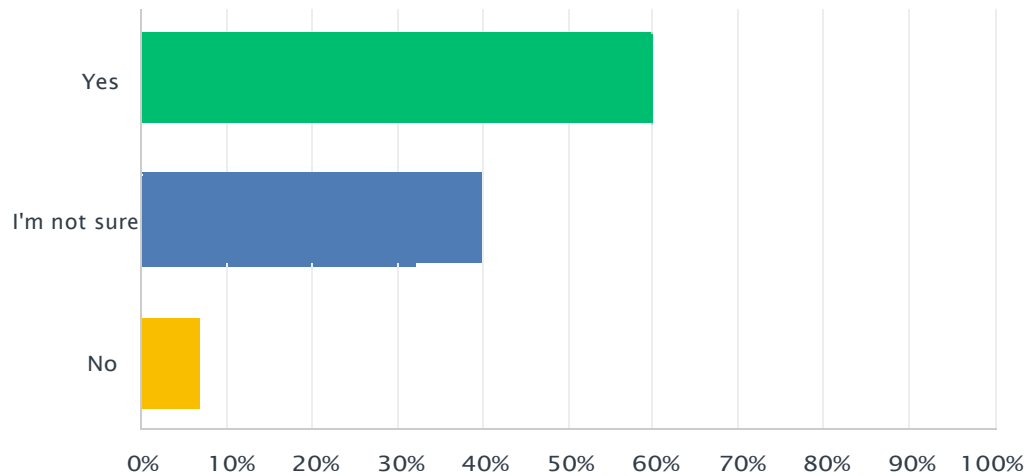
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ANSWER CHOICES	RESPONSES	
Always	47.47%	263
Sometimes	51.26%	284
Never	1.26%	7
TOTAL		554

Q40 Does CW provide training and coaching to staff on how to plan for permanency for children and families?

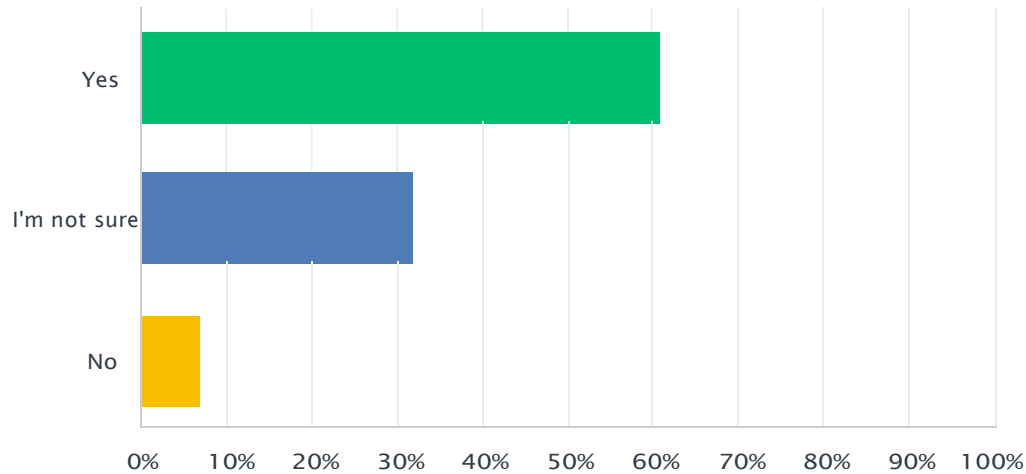
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ANSWER CHOICES	RESPONSES	
Yes	60.65%	336
I'm not sure	32.31%	179
No	7.04%	39
TOTAL		554

Q41 Does CW leadership encourage improving permanence for children in substitute care?

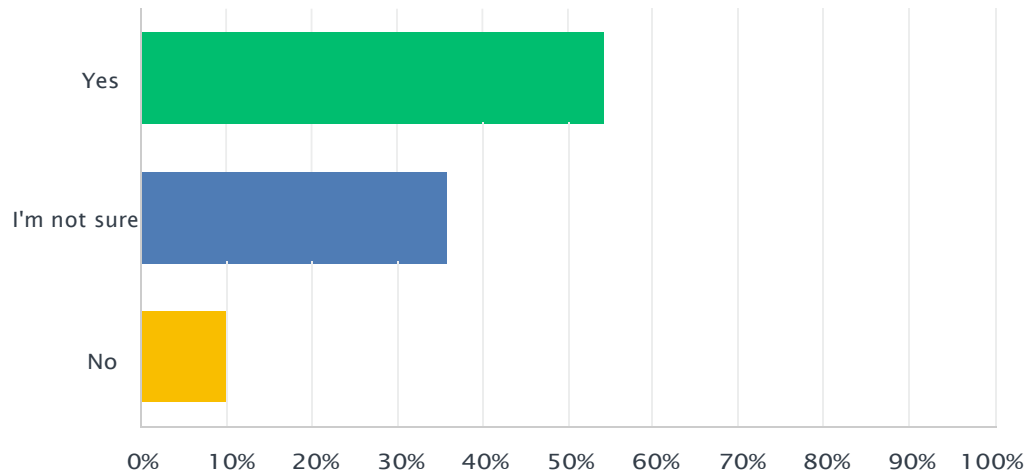
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ANSWER CHOICES	RESPONSES	
Yes	61.01%	338
I'm not sure	31.95%	177
No	7.04%	39
TOTAL		554

Q42 Does CW leadership advocate for improving permanency planning?

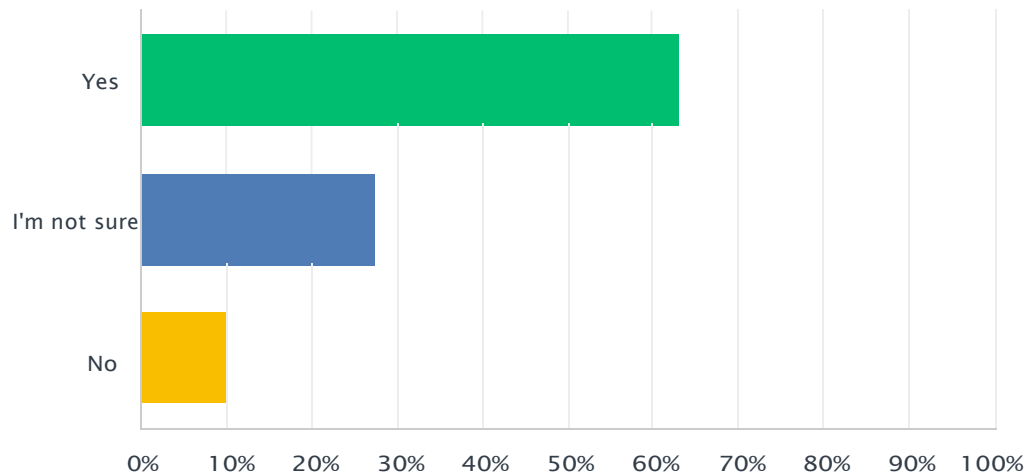
Answered: 554 Skipped: 404



ANSWER CHOICES	RESPONSES	
Yes	54.33%	301
I'm not sure	36.10%	200
No	9.57%	53
TOTAL		554

Q43 Does CW provide training and coaching to staff in assessing individuals, including children and families?

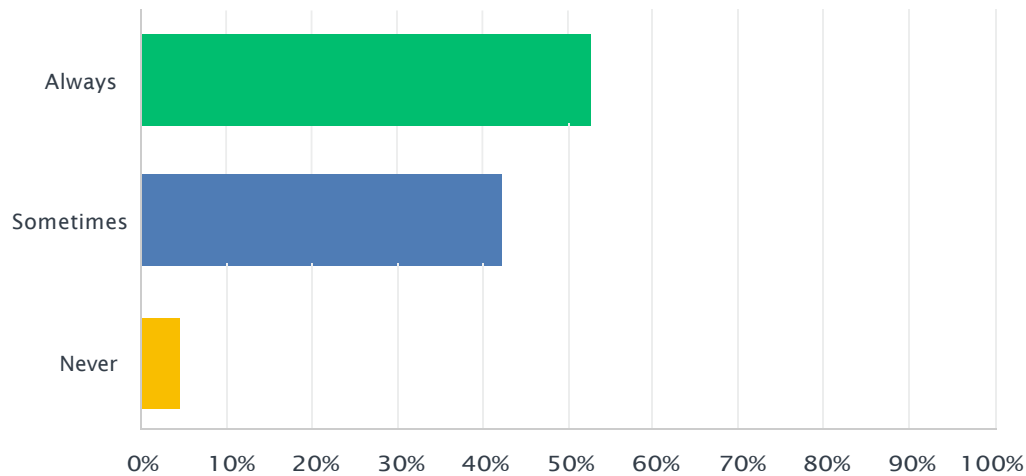
Answered: 554 Skipped: 404



ANSWER CHOICES	RESPONSES	
Yes	63.18%	350
I'm not sure	27.44%	152
No	9.39%	52
TOTAL		554

Q44 Does CW leadership encourage individualized assessments for children and families?

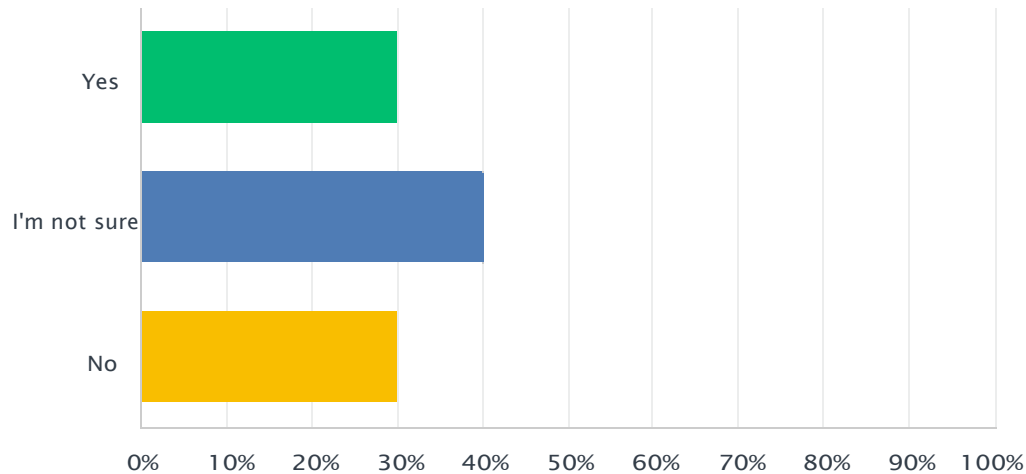
Answered: 554 Skipped: 404



ANSWER CHOICES	RESPONSES	
Always	52.89%	293
Sometimes	42.42%	235
Never	4.69%	26
TOTAL		554

Q45 Does CW maintain a statewide service array that ensures their ability to meet the identified needs of children and families?

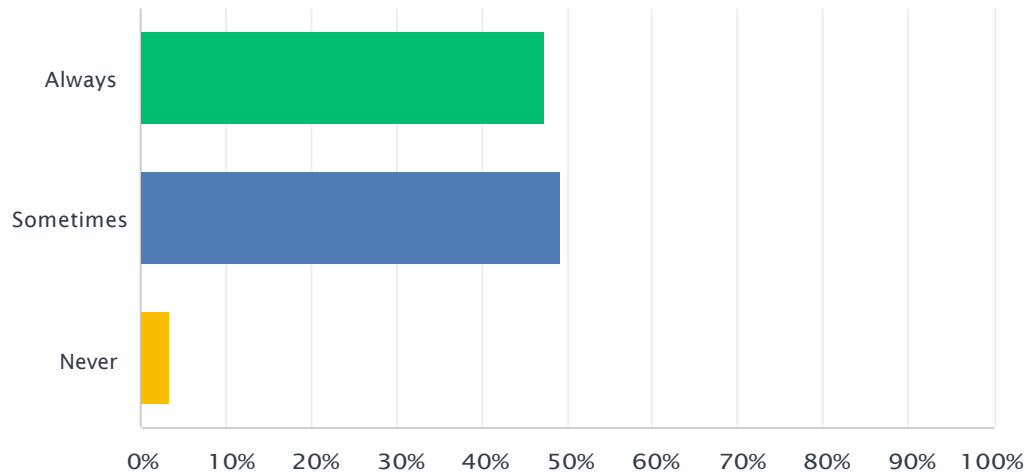
Answered: 554 Skipped: 404



ANSWER CHOICES	RESPONSES	
Yes	29.60%	164
I'm not sure	40.25%	223
No	30.14%	167
TOTAL		554

Q46 Does CW address the underlying conditions for removal before returning children to their parents' care?

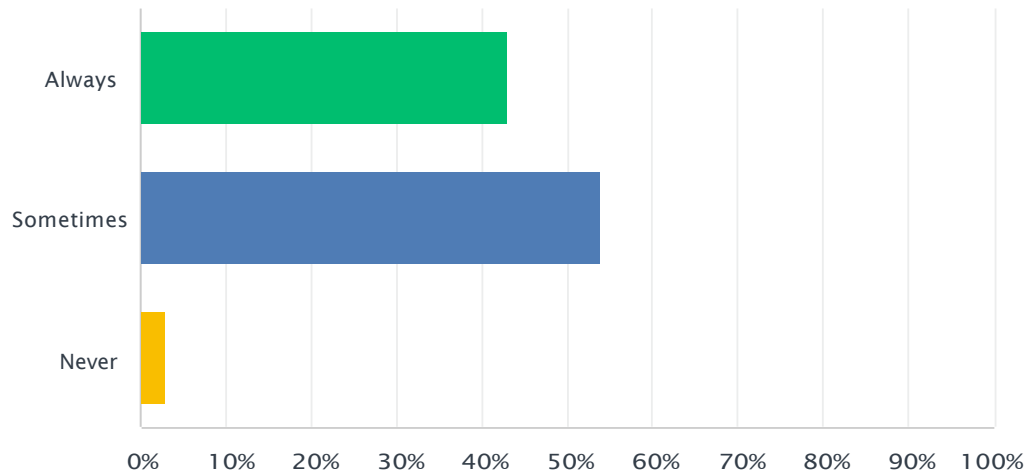
Answered: 554 Skipped: 404



ANSWER CHOICES	RESPONSES	
Always	47.29%	262
Sometimes	49.28%	273
Never	3.43%	19
TOTAL		554

Q47 Does CW provide in-home services to families post-reunification to prevent re-entry into substitute care?

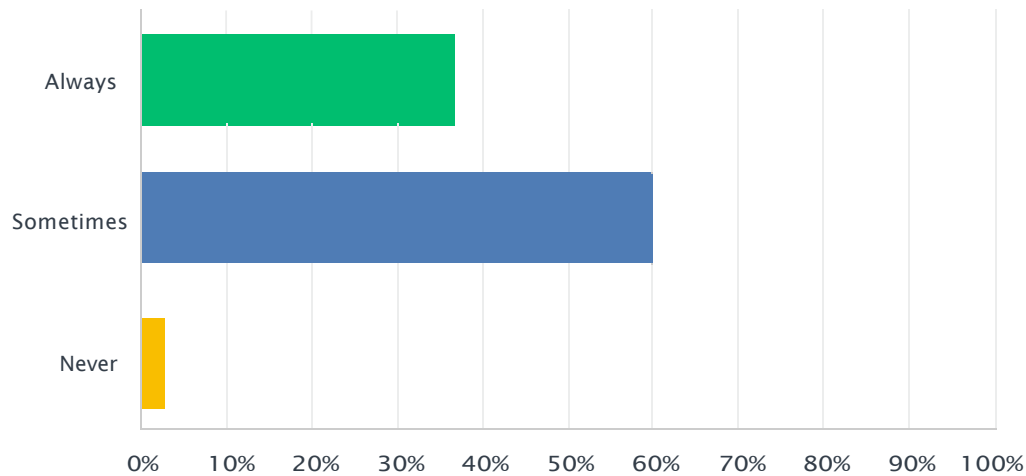
Answered: 554 Skipped: 404



ANSWER CHOICES	RESPONSES	
Always	43.14%	239
Sometimes	53.97%	299
Never	2.89%	16
TOTAL		554

Q48 Does CW ensure that behavioral health services are being delivered in order to meet case plan goals?

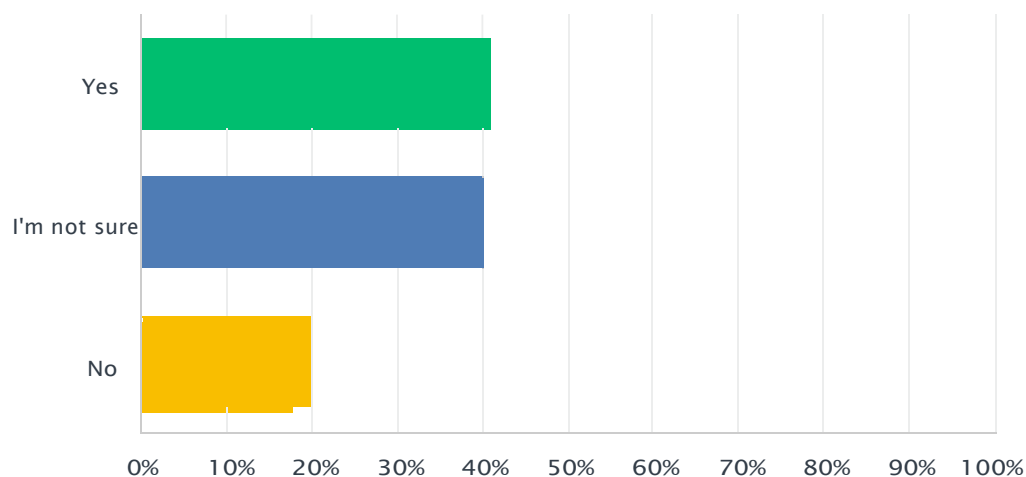
Answered: 554 Skipped: 404



ANSWER CHOICES	RESPONSES	
Always	36.82%	204
Sometimes	60.29%	334
Never	2.89%	16
TOTAL		554

Q49 Does CW provide training and coaching to staff on how to work with providers in delivering services to meet the needs of children and families?

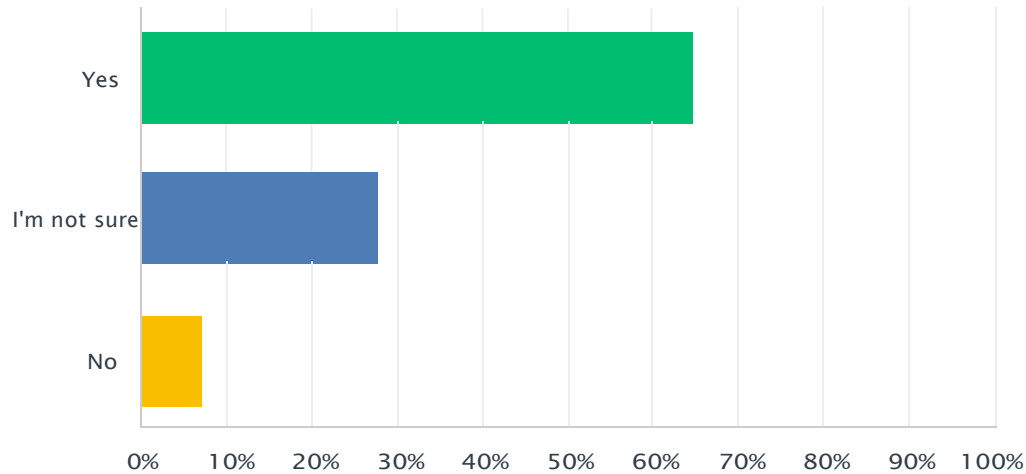
Answered: 554 Skipped: 404



ANSWER CHOICES	RESPONSES	
Yes	41.16%	228
I'm not sure	40.97%	227
No	17.87%	99
TOTAL		554

Q50 Does CW leadership advocate for providing services to meet the needs of children and families?

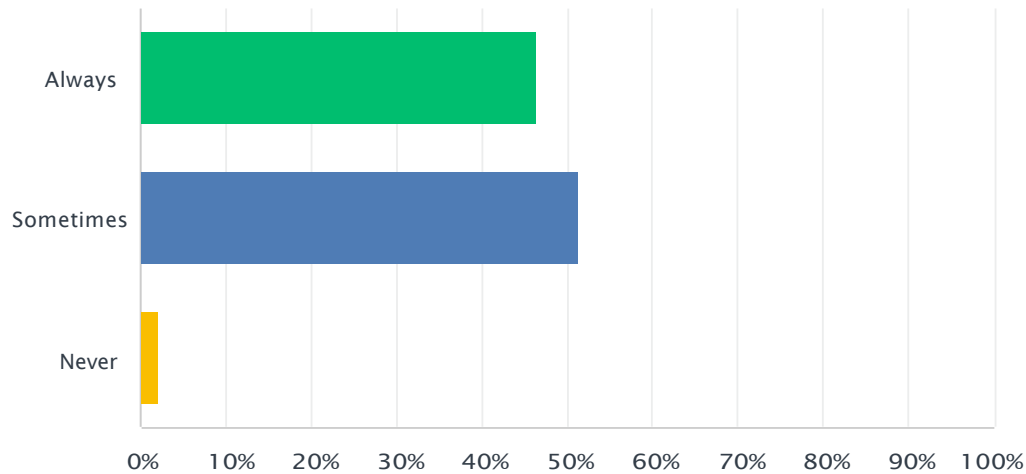
Answered: 554 Skipped: 404



ANSWER CHOICES	RESPONSES	
Yes	64.80%	359
I'm not sure	27.98%	155
No	7.22%	40
TOTAL		554

Q51 Does CW develop comprehensive case plans that meet the identified needs of the child and family?

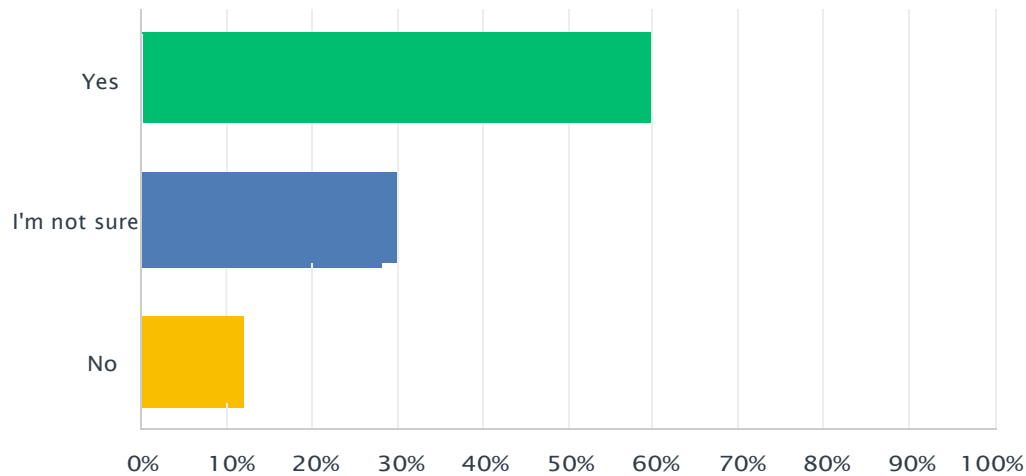
Answered: 554 Skipped: 404



ANSWER CHOICES	RESPONSES	
Always	46.39%	257
Sometimes	51.44%	285
Never	2.17%	12
TOTAL		554

Q52 Does CW provide training and coaching for staff on best practices in case planning?

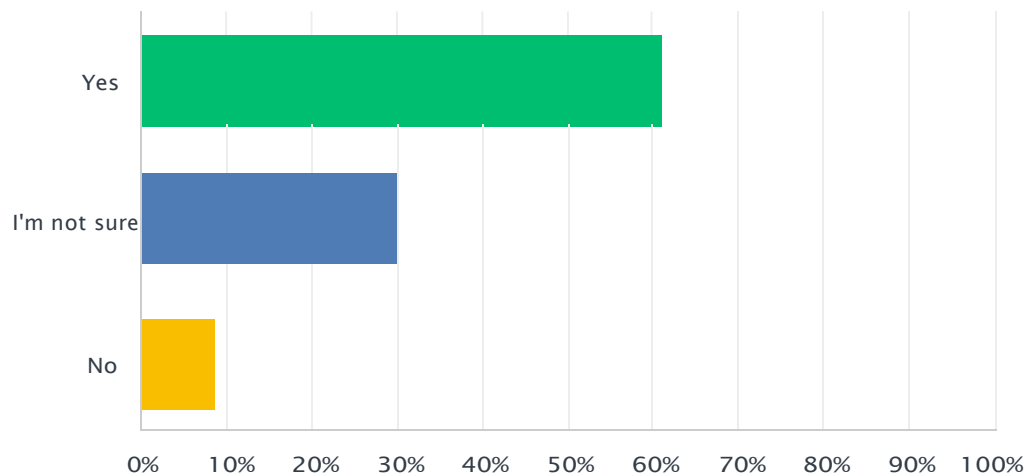
Answered: 554 Skipped: 404



ANSWER CHOICES	RESPONSES	
Yes	59.57%	330
I'm not sure	28.34%	157
No	12.09%	67
TOTAL		554

Q53 Does CW leadership advocate for improving case planning?

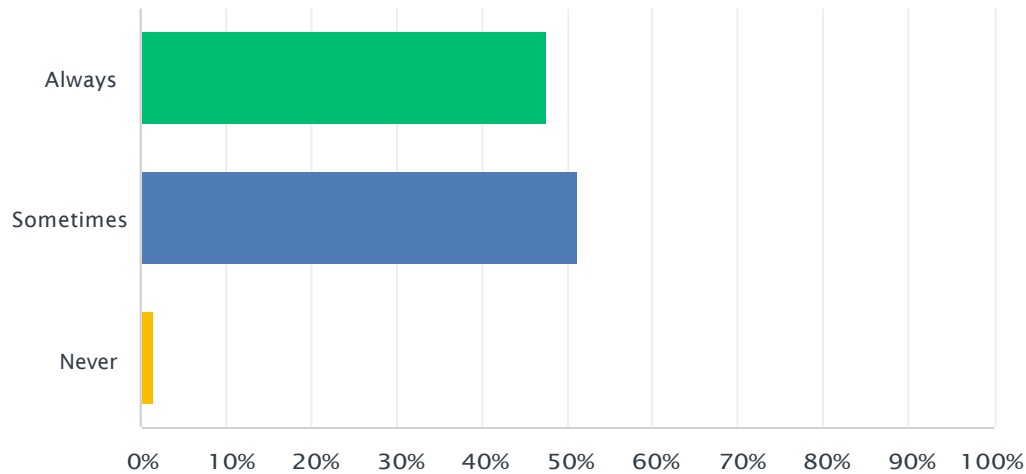
Answered: 554 Skipped: 404



ANSWER CHOICES	RESPONSES	
Yes	61.19%	339
I'm not sure	30.14%	167
No	8.66%	48
TOTAL		554

Q54 Does CW facilitate contact between children and their siblings in accordance with the Family Support Services Case Plan?

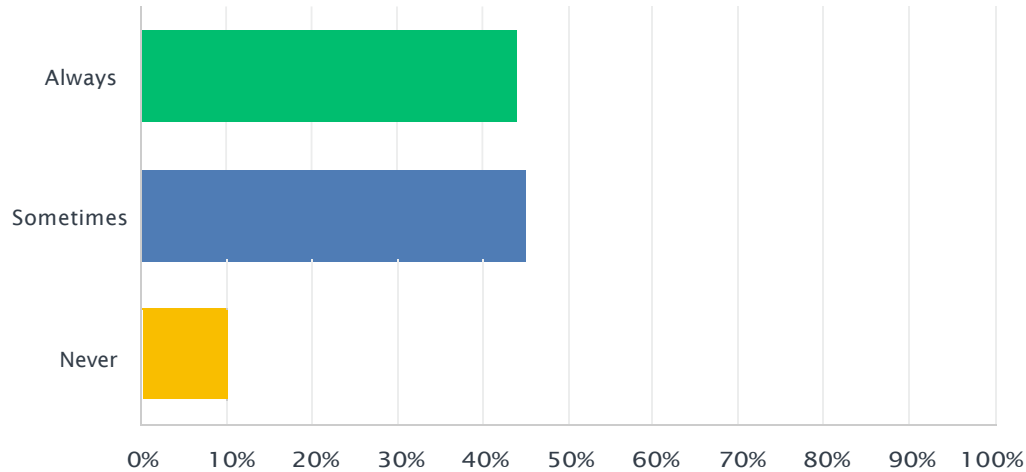
Answered: 554 Skipped: 404



ANSWER CHOICES	RESPONSES	
Always	47.47%	263
Sometimes	51.08%	283
Never	1.44%	8
TOTAL		554

Q55 Does CW train caseworkers prior to their direct work with families to prepare them for their work?

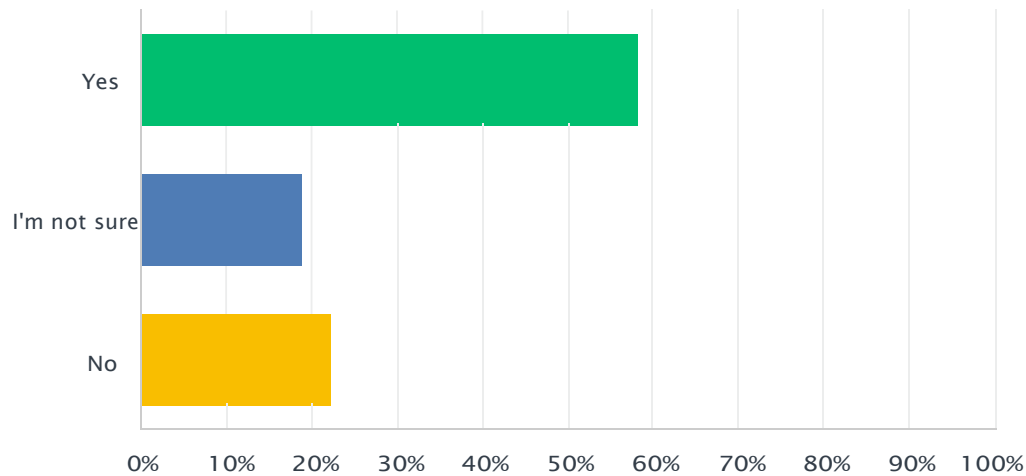
Answered: 554 Skipped: 404



ANSWER CHOICES	RESPONSES	
Always	44.22%	245
Sometimes	45.13%	250
Never	10.65%	59
TOTAL		554

Q56 Does CW train caseworkers on an ongoing basis to maintain their knowledge and skills?

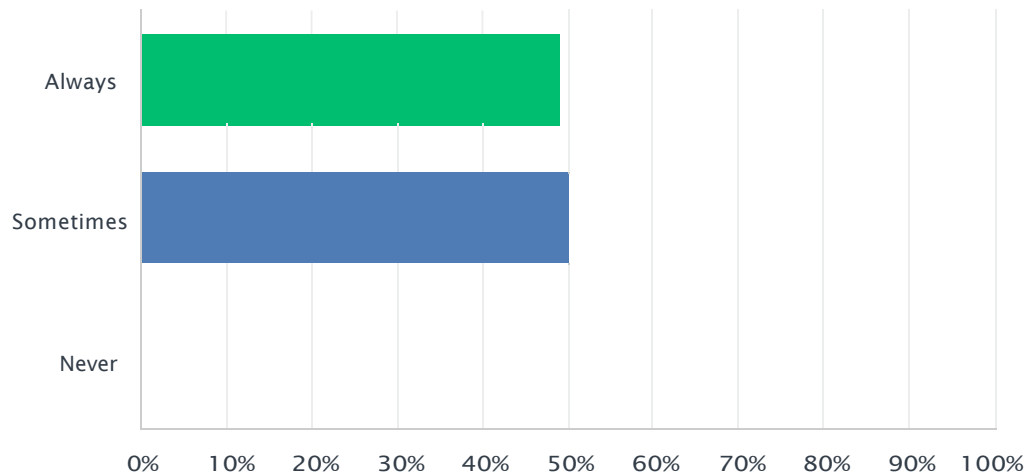
Answered: 552 Skipped: 406



ANSWER CHOICES	RESPONSES	
Yes	58.51%	323
I'm not sure	19.02%	105
No	22.46%	124
TOTAL		552

Q57 Does CW address safety threats and safety concerns of children in their homes?

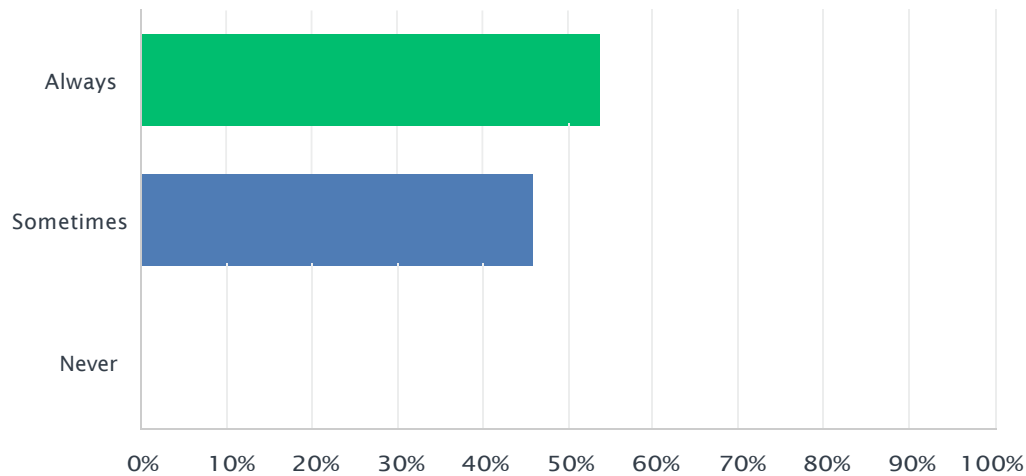
Answered: 126 Skipped: 832



ANSWER CHOICES	RESPONSES	
Always	49.21%	62
Sometimes	50.79%	64
Never	0.00%	0
TOTAL		126

Q58 Does CW assess safety threats and safety concerns of children in substitute care?

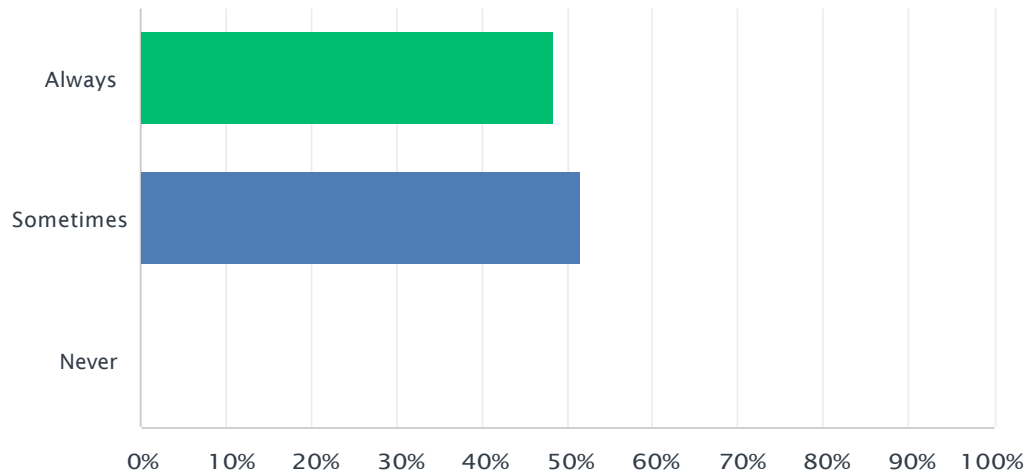
Answered: 126 Skipped: 832



ANSWER CHOICES	RESPONSES	
Always	53.97%	68
Sometimes	46.03%	58
Never	0.00%	0
TOTAL		126

Q59 Does CW address safety threats and safety concerns of children in substitute care?

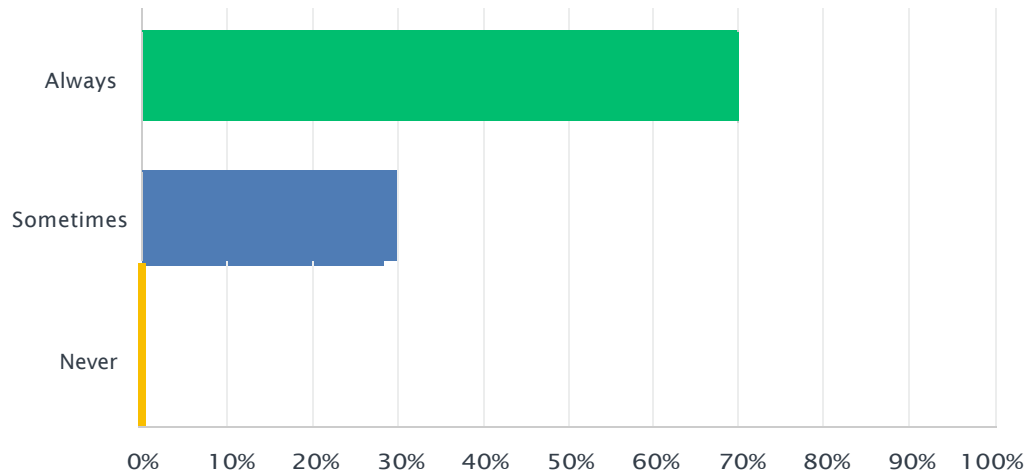
Answered: 126 Skipped: 832



ANSWER CHOICES	RESPONSES	
Always	48.41%	61
Sometimes	51.59%	65
Never	0.00%	0
TOTAL		126

Q60 Does CW maintain the confidentiality of reports of abuse in care?

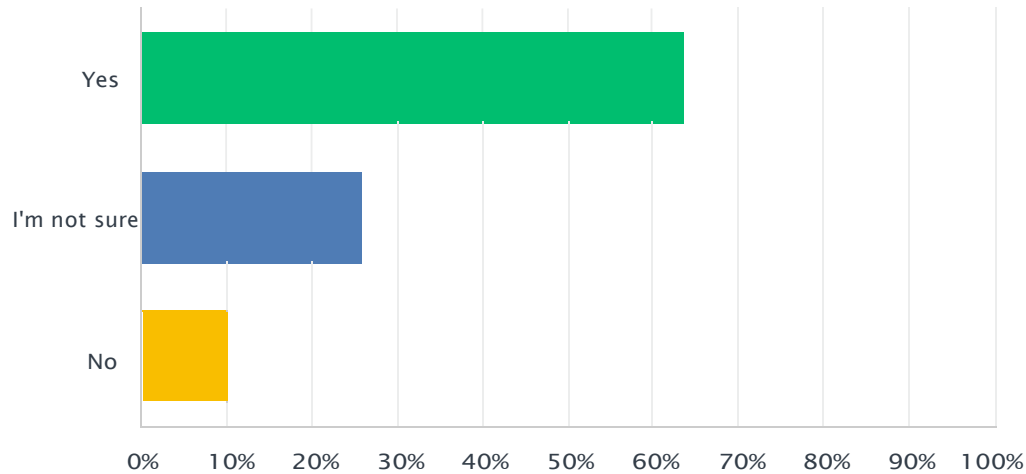
Answered: 126 Skipped: 832



ANSWER CHOICES	RESPONSES	
Always	70.63%	89
Sometimes	28.57%	36
Never	0.79%	1
TOTAL		126

Q61 Is the process of responding to allegations of abuse and neglect regarding children in substitute care clear?

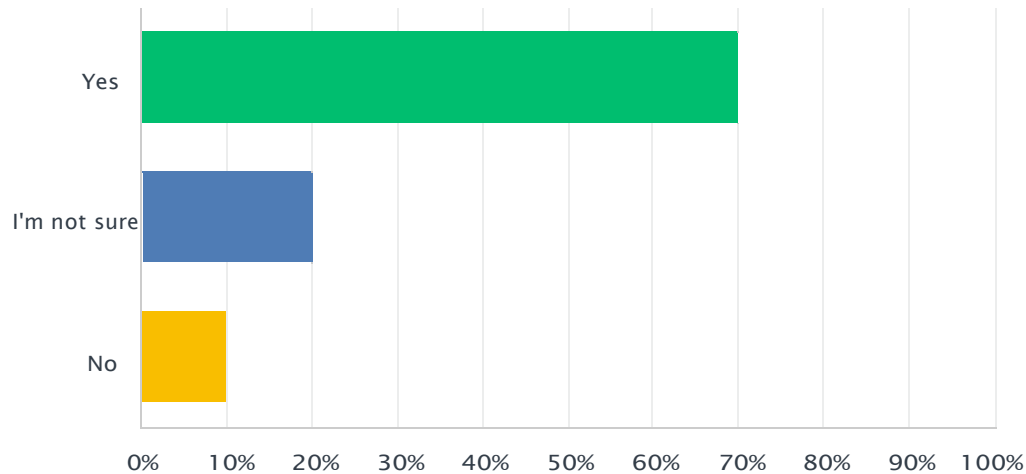
Answered: 127 Skipped: 831



ANSWER CHOICES	RESPONSES	
Yes	63.78%	81
I'm not sure	25.98%	33
No	10.24%	13
TOTAL		127

Q62 Is the process of responding to allegations of abuse and neglect regarding children in substitute care understandable?

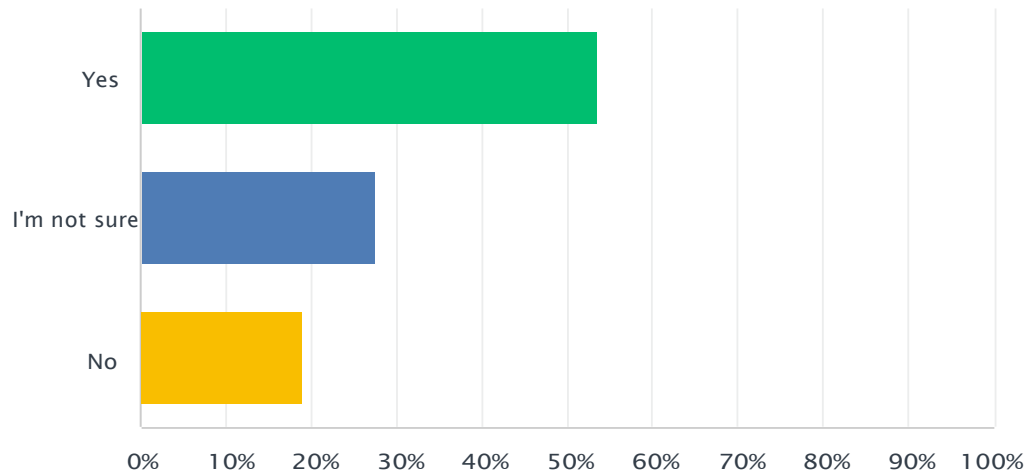
Answered: 127 Skipped: 831



ANSWER CHOICES	RESPONSES	
Yes	70.08%	89
I'm not sure	20.47%	26
No	9.45%	12
TOTAL		127

Q63 Does CW standardize the response to allegations of maltreatment for children in substitute care?

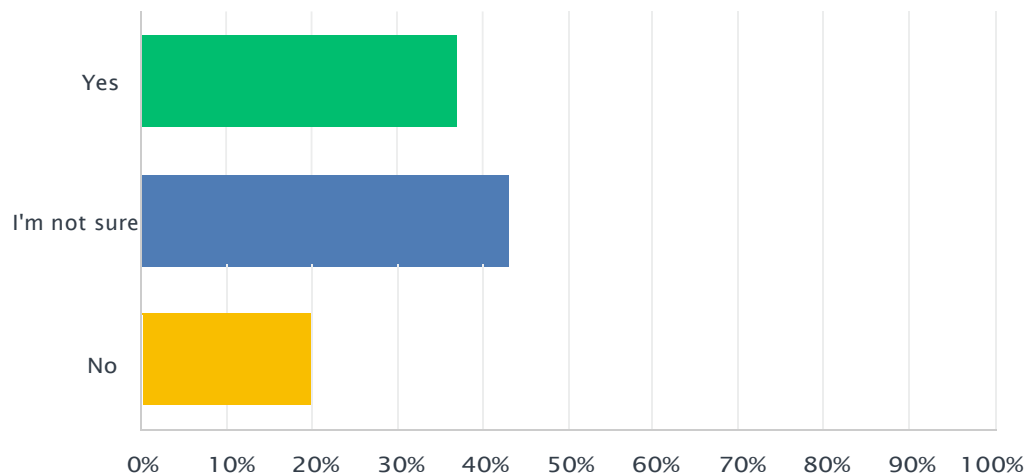
Answered: 127 Skipped: 831



ANSWER CHOICES	RESPONSES	
Yes	53.54%	68
I'm not sure	27.56%	35
No	18.90%	24
TOTAL		127

Q64 Has CW standardized the protocol for "closed at screening"?

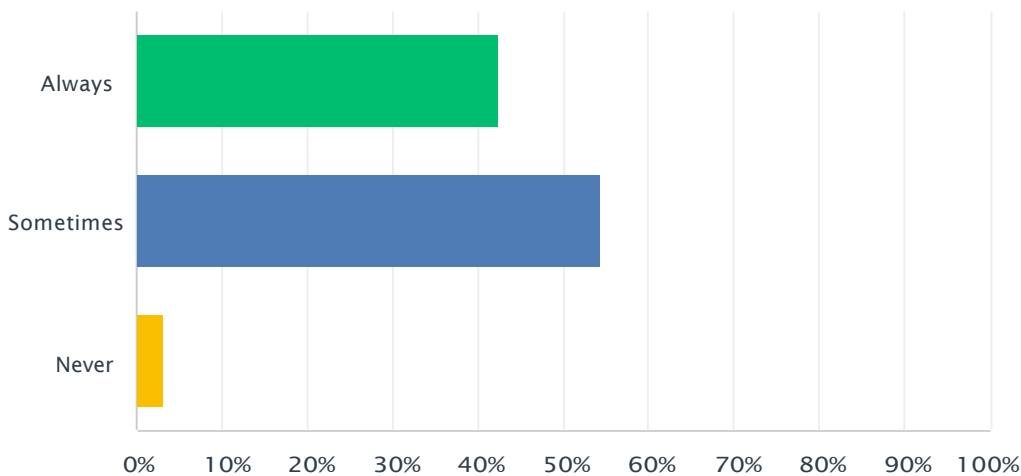
Answered: 127 Skipped: 831



ANSWER CHOICES	RESPONSES	
Yes	37.01%	47
I'm not sure	43.31%	55
No	19.69%	25
TOTAL		127

Q65 Does CW ensure that requirements (agency policies, legal regulations, or laws) are met when recruiting, certifying, and monitoring foster parents?

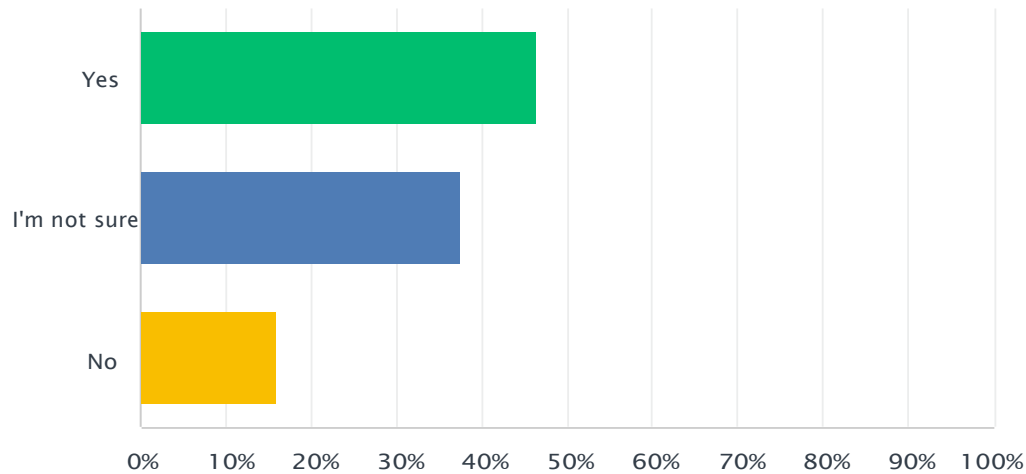
Answered: 125 Skipped: 833



ANSWER CHOICES	RESPONSES	
Always	42.40%	53
Sometimes	54.40%	68
Never	3.20%	4
TOTAL		125

Q66 Has the organizational culture of CW improved during the tenure of Rebecca Jones Gaston?

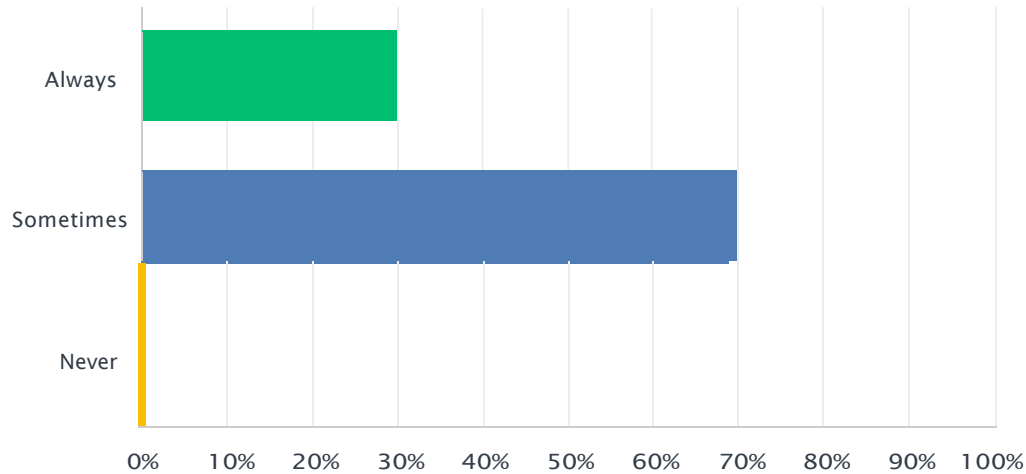
Answered: 125 Skipped: 833



ANSWER CHOICES	RESPONSES	
Yes	46.40%	58
I'm not sure	37.60%	47
No	16.00%	20
TOTAL		125

Q67 Do you believe that CW leadership pursues appropriate policy changes to improve child protection?

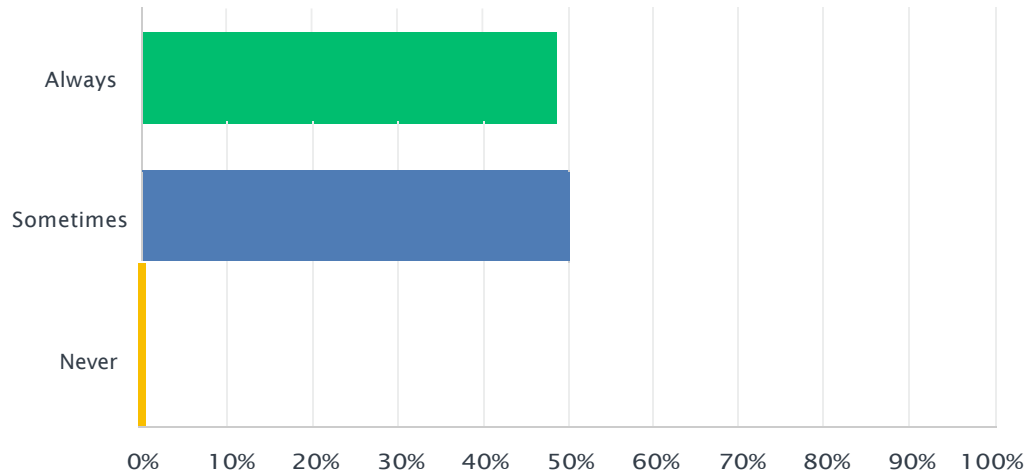
Answered: 126 Skipped: 832



ANSWER CHOICES	RESPONSES	
Always	30.16%	38
Sometimes	69.05%	87
Never	0.79%	1
TOTAL		126

Q68 Does CW respond according to policies and procedures to maltreatment reports from children in substitute care?

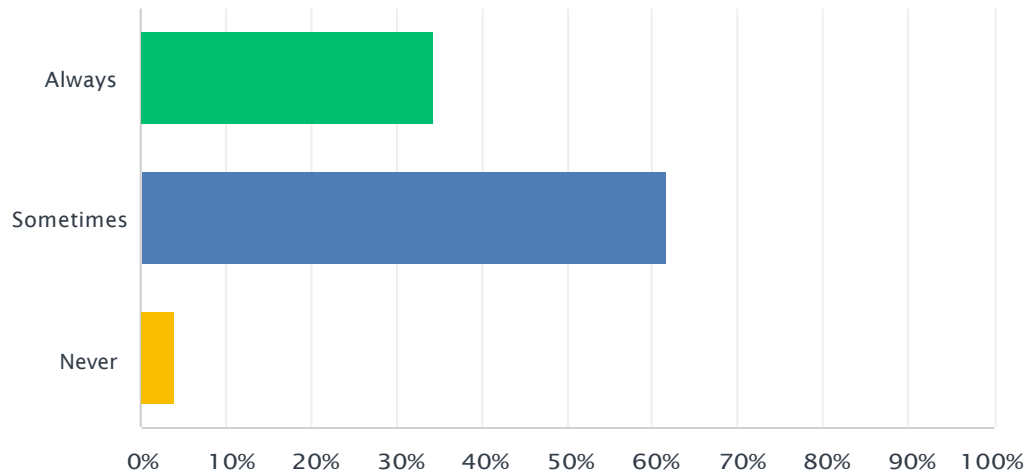
Answered: 125 Skipped: 833



ANSWER CHOICES	RESPONSES	
Always	48.80%	61
Sometimes	50.40%	63
Never	0.80%	1
TOTAL		125

Q69 Does CW engage in continuous quality improvement processes at the state level?

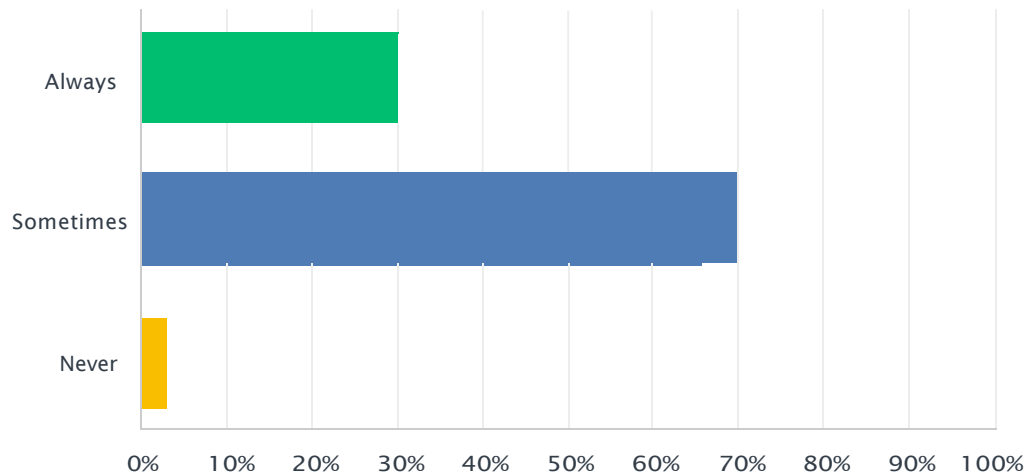
Answered: 125 Skipped: 833



ANSWER CHOICES	RESPONSES	
Always	34.40%	43
Sometimes	61.60%	77
Never	4.00%	5
TOTAL		125

Q70 Does CW engage in continuous quality improvement processes at the district level?

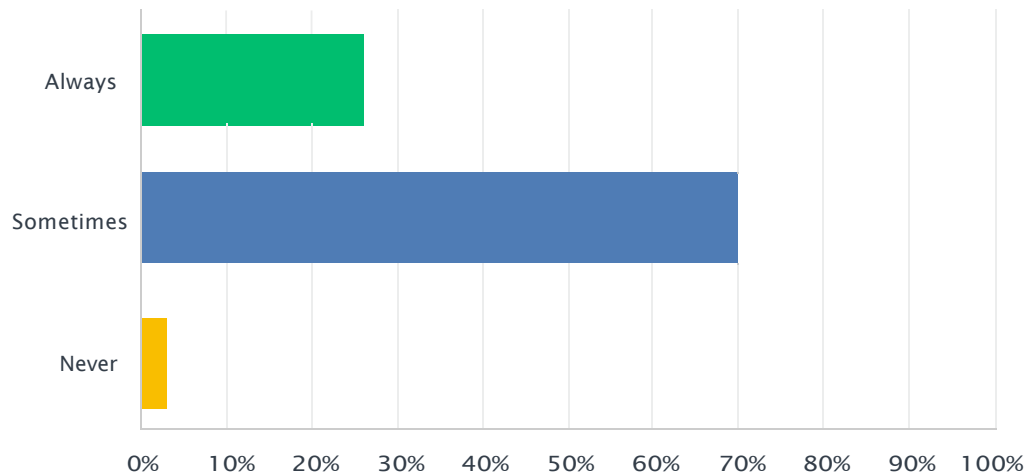
Answered: 126 Skipped: 832



ANSWER CHOICES	RESPONSES	
Always	30.95%	39
Sometimes	65.87%	83
Never	3.17%	4
TOTAL		126

Q71 Does CW engage in continuous quality improvement processes at the county level?

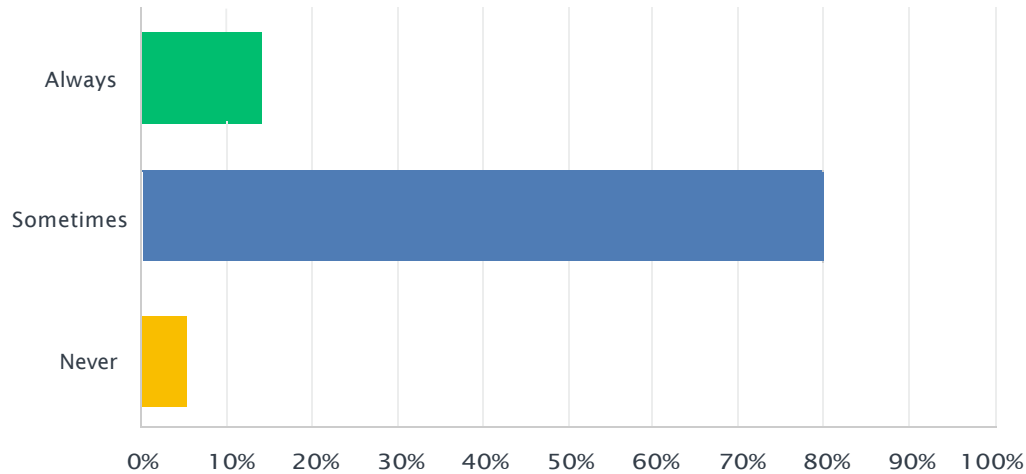
Answered: 126 Skipped: 832



ANSWER CHOICES	RESPONSES	
Always	26.19%	33
Sometimes	70.63%	89
Never	3.17%	4
TOTAL		126

Q72 Does CW use the evaluations of the quality of services to improve service delivery to families?

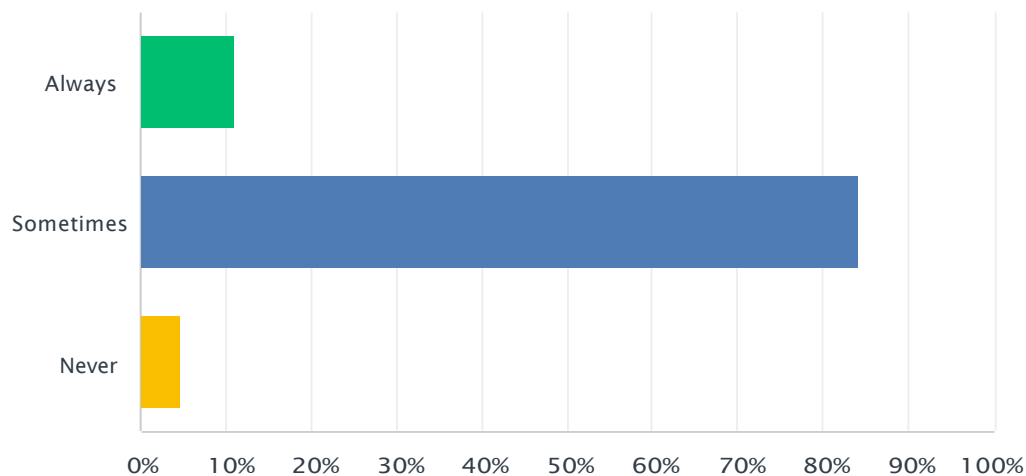
Answered: 126 Skipped: 832



ANSWER CHOICES	RESPONSES	
Always	14.29%	18
Sometimes	80.16%	101
Never	5.56%	7
TOTAL		126

Q73 Does CW recruit and retain foster parents who are able to meet the identified needs of children in foster care?

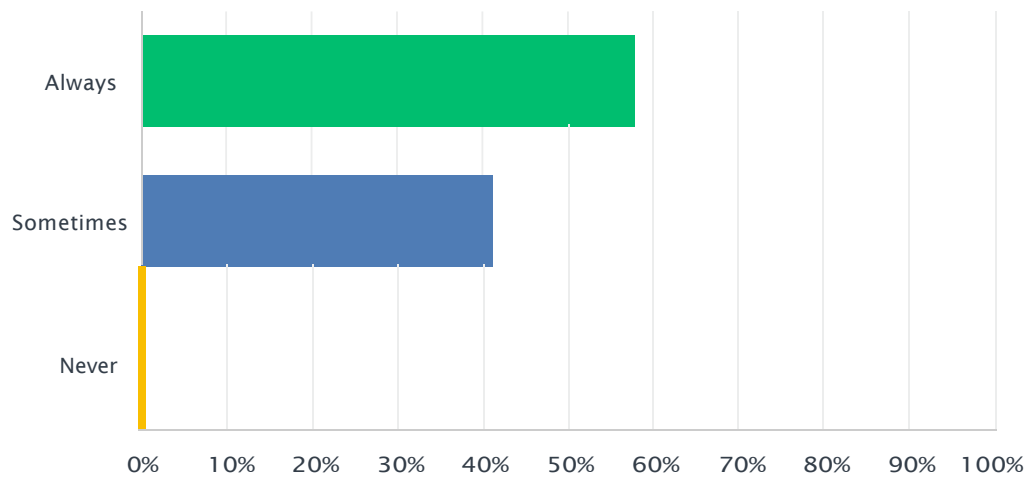
Answered: 126 Skipped: 832



ANSWER CHOICES	RESPONSES	
Always	11.11%	14
Sometimes	84.13%	106
Never	4.76%	6
TOTAL		126

Q74 Does CW prioritize the placement of children with relatives?

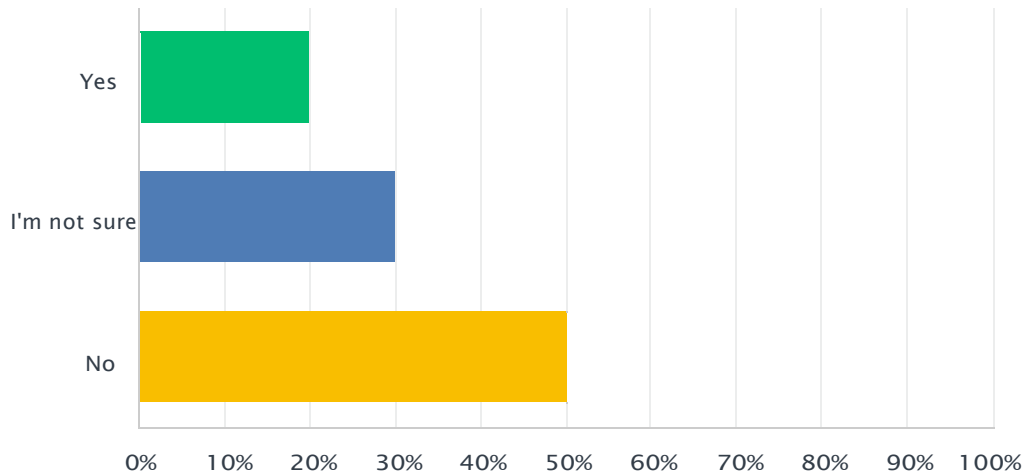
Answered: 126 Skipped: 832



ANSWER CHOICES	RESPONSES	
Always	57.94%	73
Sometimes	41.27%	52
Never	0.79%	1
TOTAL		126

Q75 Does CW maintain a statewide service array that ensures their ability to meet the identified needs of children and families?

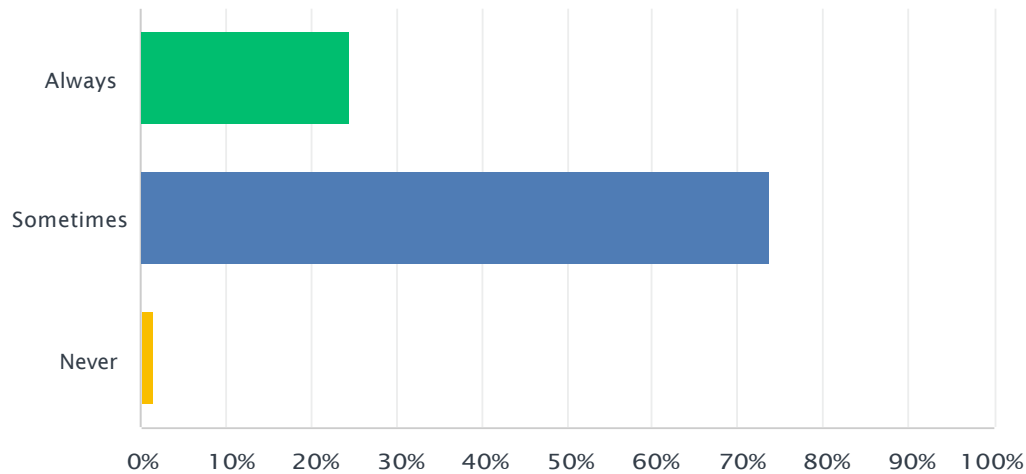
Answered: 126 Skipped: 832



ANSWER CHOICES	RESPONSES	
Yes	19.84%	25
I'm not sure	29.37%	37
No	50.79%	64
TOTAL		126

Q76 Does CW address the underlying conditions for removal before returning children to their parents' care?

Answered: 126 Skipped: 832



ANSWER CHOICES	RESPONSES	
Always	24.60%	31
Sometimes	73.81%	93
Never	1.59%	2
TOTAL		126



Appendix F: Survey Protocol

The survey was disseminated online to caseworkers (identified in the survey as field staff), supervisors, managers, consultants, and Central Office staff. The survey asked participants to identify their tenure and role in child welfare, and the remaining survey questions were determined by their role. All questions were closed-ended and allowed a single answer. Three options were given, depending on the question: either Yes/I'm Not Sure/No, or Always/Sometimes/Never.

The survey took between 15–30 minutes to complete. The survey questions were based on the inquiry questions developed for each research question. Some questions were duplicated between the survey, interviews, and focus groups to ensure the collection of information from varying perspectives across the child welfare system.

Survey Question	Research Question	Role(s)
1. Does CW address safety threats and safety concerns of children in their homes?	1	Central Office Consultants Managers Supervisors Caseworkers
2. Does CW assess safety threats and safety concerns of children in substitute care?	1	Central Office Consultants Managers Supervisors Caseworkers
3. Does CW address safety threats and safety concerns of children in substitute care?	1	Central Office Consultants Managers Supervisors Caseworkers
4. Does CW maintain the confidentiality of reports of abuse in care?	1	Central Office Consultants Managers



Survey Question		Research Question	Role(s)
			Supervisors Caseworkers
5.	Is the process of responding to allegations of abuse and neglect regarding children in substitute care: Clear? Understandable?	1	Central Office Consultants Managers Supervisors Caseworkers
6.	Does CW standardize the response to allegations of maltreatment for children in substitute care?	1	Central Office Consultants Managers Supervisors Caseworkers
7.	Has CW standardized the protocol for "closed at screening"?	1	Central Office Consultants Managers Supervisors Caseworkers
8.	Does CW ensure that requirements (agency policies, legal regulations, or laws) are met when recruiting, certifying, and monitoring foster parents?	1	Central Office Consultants Managers Supervisors Caseworkers
9.	Does CW comply with federal background check requirements during: Certification of substitute care providers? Oversight of substitute care providers?	1	Supervisors Caseworkers
10.	Does CW leadership advocate for safety for children under CW supervision?	1	Supervisors Caseworkers



Survey Question	Research Question	Role(s)
11. Has the organizational culture of CW improved during the tenure of Rebecca Jones Gaston?	2	Central Office Consultants Managers Supervisors Caseworkers
12. Do you believe that CW leadership pursues appropriate policy changes to improve child protection?	2	Central Office Consultants Managers Supervisors Caseworkers
13. Does CW respond according to policies and procedures to maltreatment reports from children in substitute care?	2	Central Office Consultants Managers Supervisors Caseworkers
14. Does CW engage in continuous quality improvement processes at the following levels: State? District? County?	3	Central Office Consultants Managers Supervisors Caseworkers
15. Does CW use the evaluations of the quality of services to improve service delivery to families?	3	Central Office Consultants Managers Supervisors Caseworkers
16. Does CW provide training and coaching for staff on how to use data to drive decisions and improve quality of services?	3	Supervisors Caseworkers



Survey Question	Research Question	Role(s)
17. Does CW recruit and retain foster parents who are able to meet the identified needs of children in foster care?	4	Central Office Consultants Managers Supervisors Caseworkers
18. Does CW recruit and retain appropriate child-specific providers, including kith and kin, to care for the number of children who need such placements?	4	Supervisors Caseworkers
19. Does CW maintain an appropriate number of foster homes to house the number of children who need to be placed in foster care?	4	Supervisors Caseworkers
20. Does CW conduct Diligent Recruitment (the process of recruiting, retaining, and supporting foster families that reflect the ethnicity and race of children in substitute care) of foster care providers?	4	Supervisors Caseworkers
21. Does CW recruit and retain substitute care providers who can care for children who identify as LGBTQIA2S+?	4	Supervisors Caseworkers
22. Does CW recruit and retain substitute care providers who can care for children who are living with high needs?	4	Supervisors Caseworkers
23. Does CW provide training and coaching for staff on best practices for: Recruitment of substitute care providers? Retention of substitute care providers? Support of substitute care providers?	4	Supervisors Caseworkers



Survey Question	Research Question	Role(s)
24. Does CW leadership support the recruitment, retention, and support of substitute care providers?	4	Supervisors Caseworkers
25. Does CW prioritize the placement of children with relatives?	5	Central Office Consultants Managers Supervisors Caseworkers
26. Does CW conduct ongoing searches for relatives of children in substitute care?	5	Supervisors Caseworkers
27. Does CW appropriately match children to substitute care placements based on the needs of the child and the capability of the providers?	5	Supervisors Caseworkers
28. Does CW provide training and coaching to staff on best practices for improving permanence for children in substitute care?	5	Supervisors Caseworkers
29. Does CW identify permanency goals appropriate to the needs of the child?	6	Supervisors Caseworkers
30. Does CW create permanency plans based on the identified needs of the child?	6	Supervisors Caseworkers
31. Does CW provide training and coaching to staff on how to plan for permanency for children and families?	6	Supervisors Caseworkers
32. Does CW leadership encourage improving permanence for children in substitute care?	5	Supervisors Caseworkers
33. Does CW leadership advocate for improving permanency planning?	6	Supervisors Caseworkers



Survey Question	Research Question	Role(s)
34. Does CW provide training and coaching to staff in assessing individuals, including children and families?	7	Supervisors Caseworkers
35. Does CW leadership encourage individualized assessments for children and families?	7	Supervisors Caseworkers
36. Does CW maintain a statewide service array that ensures their ability to meet the identified needs of children and families?	8	Central Office Consultants Managers Supervisors Caseworkers
37. Does CW address the underlying conditions for removal before returning children to their parents' care?	8	Central Office Consultants Managers Supervisors Caseworkers
38. Does CW provide in-home services to families post-reunification to prevent re-entry into substitute care?	8	Supervisors Caseworkers
39. Does CW ensure that behavioral health services are being delivered in order to meet case plan goals?	8	Supervisors Caseworkers
40. Does CW provide training and coaching to staff on how to work with providers in delivering services to meet the needs of children and families?	8	Supervisors Caseworkers
41. Does CW leadership advocate for providing services to meet the needs of children and families?	8	Supervisors Caseworkers



Survey Question		Research Question	Role(s)
42.	Does CW develop comprehensive case plans that meet the identified needs of the child and family?	9	Supervisors Caseworkers
43.	Does CW provide training and coaching for staff on best practices in case planning?	9	Supervisors Caseworkers
44.	Does CW leadership advocate for improving case planning?	9	Supervisors Caseworkers
45.	Does CW facilitate contact between children and their siblings in accordance with the Family Support Services Case Plan?	10	Supervisors Caseworkers
46.	Does CW train caseworkers prior to their direct work with families to prepare them for their work?	11	Supervisors Caseworkers
47.	Does CW train caseworkers on an ongoing basis to maintain their knowledge and skills?	11	Supervisors Caseworkers



Appendix G: Interview Protocol

The purpose of the individual interviews was to gather perspectives from Child Welfare (CW) leadership and representatives from the Governor's office on the progress that has been made throughout the child welfare system since Public Knowledge® completed the Child Safety in Substitute Care Final Report in 2016. The interviews provided perceptions of individuals within the child welfare system.

Public Knowledge® conducted 27 interviews, each of which were scheduled for 50 minutes and were facilitated over videoconference.

The interviewees were:

- Fariborz Pakseresht, ODHS Director
- Liesl Wendt, ODHS Deputy Director
- Rebecca Jones Gaston, Child Welfare Director (now former Child Welfare Director)
- Lacey Andresen, Child Welfare Deputy Director for Program and Practice
- Aprille Flint-Gerner, Child Welfare Deputy Director (now Child Welfare Director)
- Alysia Cox, CW Deputy Chief of Strategy and Innovation (also serving as the Data Representative)
- Tami Kane-Suleiman, Program Manager for Child Fatality Prevention and Review Program
- Deena Loughary, Child Safety Program Manager
- Stacey Loboy, Foster Care and Youth Transitions Program Manager
- Belit Burke, District Manager
- Sherril Kuhns, Federal Policy and Resources Manager
- Kim Keller, Child Permanency Manager
- Kristen Khamnohack, ORCAH Screening Program Manager
- Hannah Lene, ORCAH Supervisor
- Kirby Crawford, ORCAH Manager
- Kim Lorz, Training and Workforce Development Manager
- Sarah Fox, Treatment Services Program Manager
- Steve Allen, OHA Behavioral Health Director
- Dana Hittle, OHA Interim State Medical Director
- Lilia Teninty, Office of Developmental Disabilities Services (ODDS) Director
- Joel Metlen, Human Services Strategic Projects Director, Child Welfare Strategic Initiatives Director



- Rosa Klein, Governor's Office Policy Advisor
- Berri Leslie, Oregon Governor's Deputy Chief of Staff

The comprehensive set of interview questions is listed in the table below. This includes questions that were added to the protocol to interview the ORCAH staff as well as the follow-up interviews with the Executive Leadership Team and the ORCAH Screening Program Manager.

Interview Question	Research Question	Interviewee(s)
1. Does CW meet federal requirements for caseworker contacts with children in substitute care?	1	Data Representative
2. Does CW meet state requirements for caseworker contacts with children in substitute care?	1	Data Representative
3. Does CW adequately assess out-of-state facilities to determine the appropriateness of placing children?	1	Governor's Office CW Leadership Policy Managers
4. Has CW centralized and standardized reporting, screening, and assessments statewide?	1	Safety Managers
5. Since 2016, has CW redesigned the process of responding to allegations of abuse and neglect regarding children in substitute care?	1	Governor's Office CW Leadership Safety Managers Foster Care Manager
6. What is CW's policy on protecting the confidentiality of children who identify as LGBTQIA2S+?	1	CW Leadership Policy Managers
7. Has CW standardized the protocol for "closed at screening"?	1	Safety Managers



Interview Question	Research Question	Interviewee(s)
8. Does CW comply with federal background check requirements during certification and oversight of substitute care providers?	1	Foster Care Manager Policy Managers
9. Does CW have policies and procedures in place to guide staff on safety practices?	1	Safety Managers Policy Managers
10. Does CW have in place quality assurance processes for monitoring safety for children under CW supervision?	1	Safety Managers Data Representative
11. What is ORCAH's biggest accomplishment since centralization of intake?	1	ORCAH Staff
12. What are your top complaints from mandated reporters?	1	ORCAH Staff
13. Are caseworkers using the new pathway to report maltreatment, or are they still consistently calling the hotline?	1	ORCAH Staff
14. What improvements have you made to policies and procedures that benefit your staff, local staff, and mandated reporters?	1	ORCAH Staff
15. Has ORCAH positively contributed to the safety of children and young adults in substitute care?	1	ORCAH Staff
16. What have been your biggest challenges with COVID-19?	1	ORCAH Staff
17. How does ORCAH address or prioritize backlogged cases?	1	ORCAH Staff
18. What processes are in place to assign backlogged cases?	1	ORCAH Staff



Interview Question	Research Question	Interviewee(s)
19. What has been the most significant change in your tenure?	1	CW Leadership
20. What has been the most significant accomplishment for CW in your tenure?	1	CW Leadership
21. What is the most significant issue facing child welfare in Oregon?	1	CW Leadership
22. What has been the most persistent challenge in child welfare during your tenure in Oregon?	1	CW Leadership
23. How is the process of sharing screened reports between ORCAH and local law enforcement handled at the local level?	1	CW Leadership
24. In what ways are CW staff encouraged to speak up with safety concerns regarding children in substitute care?	2	Governor's Office CW Leadership Safety Managers
25. Does CW respond according to policies and procedures to maltreatment reports from children in substitute care?	2	Foster Care Manager Policy Managers
26. In what ways does CW advocate for a safety culture among its workforce?	2	Governor's Office CW Leadership Safety Managers
27. Does CW use Organizational Change Management processes and structures?	2	CW Leadership
28. In what ways do CW executives model leadership skills and behaviors?	2	Governor's Office CW Leadership Safety Managers Foster Care Manager Policy Managers Training Manager



Interview Question	Research Question	Interviewee(s)
		Data Representative
29. Do CW's nondiscrimination policies include considerations of sexual orientation, gender identity, and gender expression (SOGIE)?	2	CW Leadership
30. What are the primary challenges ORCAH staff, managers, and leaders are dealing with now?	2	ORCAH Staff
31. What are your top primary complaints you receive from District and County staff?	2	ORCAH Staff
32. How has leadership supported ORCAH?	2	ORCAH Staff
33. How do you handle complaints about ORCAH?	2	ORCAH Staff
34. How do you communicate your improvements in ORCAH to county staff and mandated reporters (such as improvements in call wait times)?	2	ORCAH Staff
35. How has the organizational culture shifted during your tenure?	2	CW Leadership
36. Is case information entered or tracked outside of OR-Kids?	3	Data Representative
37. Does CW follow their Data Quality Plan?	3	CW Leadership Data Representative
38. Does CW use data to inform the development of new or revised practices, policies, and procedures?	3	CW Leadership Data Representative Policy Managers
39. Does CW have a continuous quality improvement process that includes leadership support, leadership modeling, staff and stakeholder engagement, communication,	3	CW Leadership Data Representative



Interview Question	Research Question	Interviewee(s)
oversight, data collection, case record reviews, and use of the findings?		
40. What does the CQI process look like at each level?	3	Data Representative
41. Does CW utilize performance-based contracting with its external service providers?	3	CW Leadership
42. Does CW provide training and coaching for staff on how to use data to drive decisions and improve quality of services?	3	Training Manager
43. Does CW have a case review system in place to inform decision-making and improve the quality of services?	3	Data Representative
44. How do you use data and continuous quality improvement processes to make changes?	3	ORCAH Staff
45. Does CW recruit and retain appropriate child-specific providers, including kith and kin, to care for the number of children who need such placements?	4	Data Representative Foster Care Manager
46. Does CW provide appropriate services and support to substitute care providers to ensure children are adequately cared for and supervised?	4	Foster Care Manager
47. How does CW oversee the contracted placements for children living with high needs?	4	Foster Care Manager
48. Has CW increased reimbursement rates for substitute care providers?	4	CW Leadership Foster Care Manager



Interview Question	Research Question	Interviewee(s)
49. Does CW prioritize the use of the least restrictive placement?	4	CW Leadership Foster Care Manager
50. Does CW have or oversee a statewide recruitment, retention, and support plan for substitute care providers?	4	CW Leadership Foster Care Manager
51. Does CW use data to inform their statewide recruitment, retention, and support plan for substitute care providers?	4	Data Representative Foster Care Manager
52. Does CW have policies and procedures for staff regarding the recruitment, retention, and support of substitute care providers?	4	Policy Managers Foster Care Manager
53. Does CW provide training and coaching for staff on best practices for the recruitment, retention, and the support of substitute care providers?	4	Training Manager Foster Care Manager
54. Does CW utilize a case review process to identify lessons learned in the recruitment, retention, and the support of substitute care providers?	4	CW Leadership Foster Care Manager
55. Does CW pursue termination of parental rights as required by federal law?	5	CW Leadership Data Representative Foster Care Manager
56. Does CW meet state requirements with regard to using the CANS to establish reimbursement rates for providers?	5	Foster Care Manager
57. Does CW provide training and coaching to staff on best practices for improving permanence for children in substitute care?	5	Training Manager Foster Care Manager



Interview Question	Research Question	Interviewee(s)
58. What efforts led to decreasing the number of children in substitute care?	5	CW Leadership
59. Does CW provide training and coaching to staff on how to plan for permanency for children and families?	6	Training Manager
60. Does CW utilize a case review process to understand and improve barriers and strengths in permanency planning?	6	Foster Care Manager
61. Does CW have a mechanism to evaluate the provision of assessments?	7	Data Representative
62. Does CW provide training and coaching to staff in assessing individuals, including children and families?	7	Training Manager
63. Does CW maintain a statewide service array that ensures their ability to meet the identified needs of children and families?	8	Governor's Office CW Leadership
64. Has CW developed a continuum of care options for children in substitute care?	8	CW Leadership Foster Care Manager
65. Does CW partner with the Oregon Health Authority to identify and improve systemic barriers regarding access to services?	8	Governor's Office CW Leadership
66. Does CW partner with Oregon Coordinated Care Organizations to identify and improve systemic barriers regarding access to services?	8	Governor's Office CW Leadership
67. Does CW have a mechanism to evaluate the services provided to children and families?	8	Data Representative
68. What was the process of developing the self-selected environments policy?	8	CW Leadership



Interview Question	Research Question	Interviewee(s)
69. What data are collected for self-selected environments? How are they monitored? How are risk factors for trafficking addressed?	8	CW Leadership
70. Does CW retain enough staff to adequately serve the children and families in CW custody?	11	Governor's Office CW Leadership
71. Does CW regulate caseloads for caseworkers to ensure they can meet the needs of children and families under their supervision?	11	CW Leadership
72. Does CW meet state requirements in recruiting qualified caseworkers?	11	CW Leadership
73. Does CW adequately train caseworkers prior to their direct work with families?	11	CW Leadership Training Manager
74. Does CW adequately train caseworkers on an ongoing basis?	11	CW Leadership Training Manager
75. How does CW track training provided to caseworkers?	11	Data Representative Training Manager
76. Do you (and your staff) have the tools, training, and supports needed to make good screening decisions?	11	ORCAH Staff



Appendix H: Focus Group Protocol

The purpose of the focus groups was to gather peer groups at varying levels of the child welfare agency to share their collective experience regarding progress that has been made throughout the child welfare system since Public Knowledge® completed the *Child Safety in Substitute Care Final Report* in 2016. The focus groups were an opportunity for staff to share their feedback with each other and with PK to provide input into the final report.

Public Knowledge® conducted eleven focus groups, each of which were scheduled for 90 minutes on Zoom. The focus groups included the following participants:

- Two focus groups of central office staff, including staff from Permanency, Federal Policy and Resources, Project Management, Treatment Services Unit, and Workforce Development.
- Two focus groups of caseworkers from districts throughout Oregon. One group will include caseworkers focused on safety services and the other group will be comprised of permanency caseworkers. Caseworkers were invited from a mixture of large and small counties, urban and rural areas, and locations across the state.
- Two focus groups of casework supervisors from districts throughout Oregon. One group will include supervisors overseeing safety services and the other group will be comprised of permanency supervisors. Supervisors were invited from a mixture of large and small counties, urban and rural areas, and locations across the state.
- One focus group of Program Managers from around the state.
- One focus group of Child Safety Consultants from Central Office.
- One focus group of Permanency Consultants from Central Office.
- One focus group of ORCAH screeners from around the state.

The roles included in the focus groups changed from PK's initial methodology to concentrate discussions with the CW staff most involved in and impacted by the changes within the agency relevant to this review. Instead of conducting a focus group with District Managers and Adoption Staff, PK facilitated a group with Program Managers and another with Permanency Consultants. Program Managers oversee each district and work closely with supervisors and caseworkers, and Permanency Consultants are able to share the perceptions of permanence from a central office perspective. Based on feedback received regarding the implementation of ORCAH, PK added a focus group dedicated to ORCAH screeners to hear their feedback on the implementation process and the impact of centralization on child safety.



The focus groups were facilitated by two Public Knowledge® team members, one of whom facilitated, and one took notes. Responses to the focus group questions were aggregated and responses were not connected to a specific participant.

The focus group questions were based on the inquiry questions developed for each research question. Due to time constraints and rich discussions, every focus group did not address every question assigned to them.

Focus Group Question		Research Question	Participant Group
1.	Does CW adequately assess safety thresholds and safety concerns of children in their homes during intake, initial assessments, and safety assessments, and throughout the life of the case?	1	Safety Caseworkers Safety Casework Supervisors Safety Consultants
2.	Does CW effectively manage caseloads to adequately meet the needs of children and families?	1	Central Office Casework Supervisors
3.	Does CW adequately supervise placements of children in out-of-state facilities?	1	Central Office Program Managers
4.	Has CW centralized and standardized reporting, screening, and assessments statewide?	1	Central Office Safety Caseworkers Safety Casework Supervisors Safety Consultants
5.	Is the process of responding to allegations of abuse and neglect regarding children in substitute care transparent?	1	Safety Caseworkers Safety Casework Supervisors Safety Consultants
6.	Does CW consistently share safety information across entities?	1	Central Office Program Managers
7.	What is CW's policy on protecting the confidentiality of children who identify as LGBTQIA2S+?	1	Central Office Caseworkers Casework Supervisors



Focus Group Question		Research Question	Participant Group
8.	Does CW consistently distinguish between allegations of abuse and critical incidents? (Including a follow-up question of how the two are distinguished).	1	Central Office Safety Caseworkers Safety Casework Supervisors Safety Consultants
9.	Does CW address safety threats or safety concerns raised in a substitute care placement?	1	Safety Caseworkers Safety Casework Supervisors Safety Consultants
10.	Does CW provide training and coaching to staff about best practices in safety for children under CW supervision?	1	Safety Caseworkers Safety Casework Supervisors
11.	Does CW utilize a case review process to measure progress on improving safety for children under CW supervision?	1	Central Office Program Managers Safety Caseworkers Safety Casework Supervisors Safety Consultants
12.	Does CW have in place quality assurance processes for monitoring safety for children under CW supervision?	1	Central Office Program Managers Safety Casework Supervisors
13.	Does CW leadership promote safety for children under CW supervision?	1	Central Office Program Managers Safety Caseworkers Safety Casework Supervisors Safety Consultants



Focus Group Question	Research Question	Participant Group
14. Has ORCAH positively contributed to the safety of children and young adults in Oregon?	1	ORCAH Screeners
15. How are cases assigned as they come in through the hotline? Are the number of assignments manageable?	1	ORCAH Screeners
16. In what ways is safety prioritized in decision-making for children in substitute care?	2	Central Office Program Managers Safety Caseworkers Safety Casework Supervisors Safety Consultants
17. In what ways are CW staff encouraged to speak up with safety concerns regarding children in substitute care?	2	Central Office Program Managers Safety Caseworkers Safety Casework Supervisors Safety Consultants
18. Do CW staff feel comfortable raising concerns?	2	Central Office Program Managers Caseworkers Casework Supervisors Safety Consultants Permanency Consultants
19. Do CW staff know how to escalate concerns about safety issues?	2	Central Office Program Managers Caseworkers Casework Supervisors Safety Consultants Permanency Consultants



Focus Group Question	Research Question	Participant Group
20. Does CW communicate the importance of child safety for children in substitute care?	2	Central Office Program Managers Caseworkers Casework supervisors
21. In what ways does CW promote a safety culture among its workforce?	2	Central Office Program Managers Caseworkers Casework Supervisors Safety Consultants Permanency Consultants
22. Does CW use Organizational Change Management processes and structures?	2	Central Office Program Managers
23. In what ways do CW executives model leadership skills and behaviors?	2	Central Office Program Managers Caseworkers Casework Supervisors Safety Consultants Permanency Consultants
24. Do CW's nondiscrimination policies include considerations of sexual orientation, gender identity, and gender expression (SOGIE)?	2	Central Office Program Managers Caseworkers Casework Supervisors Safety Consultants Permanency Consultants
25. How has the structure of your daily work changed in the last 6 months?	2	ORCAH Screeners
26. Do you have the tools, training, and support you need to make appropriate screening decisions?	2	ORCAH Screeners



Focus Group Question	Research Question	Participant Group
27. What are the primary complaints you receive from reporters?	2	ORCAH Screeners
28. Do you feel supported by management and leadership?	2	ORCAH Screeners
29. What have your biggest challenges been with COVID-19?	2	ORCAH Screeners
30. Is there an override for county staff to bypass waiting on a hotline call?	2	ORCAH Screeners
31. How does CW identify and document children who identify as LGBTQIA2S+?	3	Central Office Program Managers
32. Does CW have a continuous quality improvement process that includes leadership support, leadership modeling, staff and stakeholder engagement, communication, oversight, data collection, case record reviews, and use of the findings?	3	Central Office Program Managers
33. Does CW engage in continuous quality improvement processes at the state, district, and county levels?	3	Central Office Program Managers Casework Supervisors
34. What does the CQI process look like at each level?	3	Central Office Program Managers
35. Does CW conduct effective evaluations of the quality of services offered by external service providers?	3	Central Office Program Managers
36. Does CW use the evaluations of the quality of services to improve service delivery to families?	3	Central Office Program Managers Casework Supervisors



Focus Group Question		Research Question	Participant Group
37.	Does CW collaborate with service providers to share feedback from case reviews?	3	Program Managers Casework Supervisors
38.	Does CW recruit and retain foster parents who are able to meet the identified needs of children in substitute care?	4	Program Managers Permanency Caseworkers Permanency Casework Supervisors
39.	Does CW recruit and retain appropriate child-specific providers, including kith and kin, to care for the number of children who need such placements?	4	Central Office Permanency Caseworkers Permanency Casework Supervisors Permanency Consultants
40.	Does CW maintain an appropriate number of foster homes to house the number of children who need to be placed in substitute care?	4	Central Office Permanency Caseworkers Permanency Casework Supervisors Permanency Consultants
41.	Does CW adequately assess the ability of substitute care providers to ensure the appropriate care and supervision of children?	4	Central Office Permanency Caseworkers Permanency Casework Supervisors Permanency Consultants
42.	Does CW provide appropriate services and support to substitute care providers to ensure children are adequately cared for and supervised?	4	Permanency Caseworkers Permanency Casework Supervisors Permanency Consultants
43.	Does CW diligently recruit substitute care providers who reflect the ethnicity and race of children in substitute care?	4	Permanency Caseworkers Permanency Casework Supervisors Permanency Consultants



Focus Group Question	Research Question	Participant Group
44. Does CW recruit and retain substitute care providers who can care for children who identify as LGBTQIA2S+?	4	Central Office Permanency Caseworkers Permanency Casework Supervisors Permanency Consultants
45. Does CW recruit and retain substitute care providers who can care for children who are living with high needs?	4	Central Office Permanency Caseworkers Permanency Casework Supervisors Permanency Consultants
46. Does CW track, at the state and local levels, the current capacity for substitute care providers?	4	Central Office Program Managers Permanency Consultants Permanency Casework Supervisors
47. Does CW track the skills and capabilities of substitute care providers to ensure appropriate matching for children and their placement providers?	4	Permanency Caseworkers Permanency Casework Supervisors Permanency Consultants
48. Does CW prioritize the use of the least restrictive placement?	4	Central Office Program Managers Permanency Caseworkers Permanency Casework Supervisors Permanency Consultants
49. Does CW leadership promote the recruitment, retention, and support of substitute care providers?	4	Central Office Program Managers Caseworkers Casework Supervisors



Focus Group Question		Research Question	Participant Group
			Permanency Consultants
50.	Does CW conduct ongoing searches for relatives of children in substitute care?	5	Program Managers Permanency Caseworkers Permanency Casework Supervisors Permanency Consultants
51.	Does CW frequently use temporary placements for children in substitute care?	5	Program Managers Permanency Caseworkers Permanency Casework Supervisors Permanency Consultants
52.	Does CW prioritize the placement of children with relatives?	5	Program Managers Permanency Caseworkers Permanency Casework Supervisors Permanency Consultants
53.	Does CW adequately assess prospective adoptive parents to determine an appropriate match?	5	Program Managers Permanency Consultants
54.	Does CW collaborate with the courts to ensure timely permanency hearings?	5	Central Office Program Managers Permanency Caseworkers Permanency Casework Supervisors
55.	In what ways does CW make concerted efforts to achieve permanence in a timely manner?	5	Central Office Program Managers Permanency Caseworkers Permanency Casework Supervisors Permanency Consultants



Focus Group Question	Research Question	Participant Group
56. Does CW recommend placement decisions based on the identified needs and permanency plan of the child?	5	Permanency Caseworkers Permanency Casework Supervisors Permanency Consultants
57. Does CW appropriately match children to substitute care placements based on the needs of the child and the capability of the providers?	5	Permanency Caseworkers Permanency Casework Supervisors Permanency Consultants
58. Does CW follow federal requirements for placement preferences for Native American or Alaska Native children?	5	Central Office Program Managers Permanency Consultants
59. Does CW utilize a case review process to understand and improve barriers and strengths regarding permanence for children in substitute care?	5	Central Office Program Managers
60. Does CW leadership encourage improving permanence for children in substitute care?	5	Central Office Permanency Caseworkers Permanency Casework Supervisors Permanency Consultants
61. Does CW identify permanency goals appropriate to the needs of the child?	6	Program Managers Permanency Caseworkers Permanency Casework Supervisors Permanency Consultants
62. Does CW create permanency plans based on the identified needs of the child?	6	Program Managers Permanency Caseworkers Permanency Casework Supervisors



Focus Group Question	Research Question	Participant Group
63. Does CW recommend changes in placement based on the identified needs and permanency plan of the child?	6	Program Managers Permanency Caseworkers Permanency Casework Supervisors
64. Does CW collaborate with families and children to identify and improve barriers regarding permanency planning?	6	Program Managers Permanency Caseworkers Permanency Casework Supervisors Permanency Consultants
65. Does CW collaborate with the courts to identify and eliminate barriers regarding permanency planning?	6	Central Office Program Managers Permanency Consultants
66. Does CW utilize a case review process to understand and improve barriers and strengths in permanency planning?	6	Central Office Permanency Consultants
67. Does CW leadership promote improving permanency planning?	6	Central Office Program Managers Permanency Consultants
68. Does CW identify necessary services for children based on the assessment(s)?	7	Central Office Program Managers
69. Does CW identify necessary services for parents based on the assessment(s)?	7	Central Office Program Managers
70. Does CW identify necessary services for substitute care providers based on the assessment(s)?	7	Central Office Program Managers Permanency Caseworkers Permanency Casework Supervisors



Focus Group Question	Research Question	Participant Group
71. Does CW utilize a case review process to inform and improve individualized assessments for children and families?	7	Central Office Program Managers
72. Does CW leadership promote individualized assessments for children and families?	7	Central Office Program Managers
73. Does CW maintain a sufficient capacity of substitute care placements to serve children living with high needs?	8	Central Office Permanency Caseworkers
74. Does CW provide appropriate services to meet children's identified needs?	8	Central Office Program Managers
75. Does CW provide appropriate services to meet the identified needs of children who identify as LGBTQIA2S+?	8	Central Office Program Managers Caseworkers Casework Supervisors
76. Does CW provide services and supports to the family throughout the duration of the case to prepare for reunification?	8	Permanency Caseworkers Permanency Casework Supervisors
77. Does CW address the underlying conditions for removal before returning children to their parents' care?	8	Permanency Caseworkers Permanency Casework Supervisors
78. Does CW adequately assess independent living skills?	8	Program Managers Permanency Caseworkers Permanency Consultants
79. Does CW provide services based on the assessment of a young adult's independent living skills and needs?	8	Permanency Caseworkers Permanency Casework Supervisors
80. Does CW provide services necessary to parents so they can achieve case goals?	8	Permanency Caseworkers



Focus Group Question		Research Question	Participant Group
			Permanency Casework Supervisors
81.	Does CW provide services necessary to parents in order to support them meeting their conditions for return?	8	Permanency Caseworkers Permanency Casework Supervisors
82.	In what ways does CW provide safe spaces for young adults who identify as LGBTQIA2S+?	8	Central Office Program Managers Caseworkers Casework Supervisors Safety Consultants Permanency Consultants
83.	In what ways does CW provide services that address sexuality, gender-based needs, and the process of coming out for LGBTQIA2S+ young adults?	8	Central Office Program Managers Caseworkers Casework Supervisors
84.	Does CW utilize a case review process to inform and improve the barriers and strengths in providing services to meet the needs of children and families?	8	Central Office Program Managers
85.	Does CW ensure that services are provided as recommended in the case plan?	9	Program Managers Casework Supervisors
86.	Does CW adequately involve families throughout the case planning process?	9	Caseworkers Casework Supervisors
87.	Does CW adequately involve tribes throughout the case planning process?	9	Central Office Program Managers
88.	Does CW provide training and coaching for staff on best practices in case planning?	9	Caseworkers



Focus Group Question	Research Question	Participant Group
89. Does CW utilize case review processes for identifying and improving barriers to case planning?	9	Program Managers Casework Supervisors Permanency Consultants
90. Does CW leadership promote improving case planning?	9	Central Office Program Managers
91. Does CW allow for sufficient and quality family interactions between children and parents to preserve family connections?	10	Caseworkers Casework Supervisors
92. Does CW facilitate sufficient family interaction to prepare parents and children for reunification?	10	Permanency Caseworkers Permanency Casework Supervisors
93. Does CW maintain the child's connections to their community, faith, extended family, tribe, and school?	10	Program Managers Permanency Caseworkers Permanency Casework Supervisors
94. Does CW facilitate contact between children and their siblings in accordance with the Family Support Services Case Plan?	10	Permanency Caseworkers Permanency Casework Supervisors Permanency Consultants
95. Does CW prioritize placing siblings together when possible and appropriate?	10	Permanency Caseworkers Permanency Casework Supervisors
96. Does CW provide training and coaching for staff on best practices for maintaining connections with children, their families (including siblings), and their community, faith, extended family, tribe, and school?	10	Permanency Caseworkers
97. Does CW utilize a case review process that informs and improves connections with children, their families (including siblings),	10	Program Managers Permanency Caseworkers



Focus Group Question		Research Question	Participant Group
and their community, faith, extended family, tribe, and school?			Permanency Casework Supervisors
98.	Does CW leadership promote improving connections between children in substitute care and their families?	10	Central Office Program Managers
99.	Does CW provide support to its workforce to prevent staff turnover?	11	Central Office Program Managers Caseworkers Casework Supervisors Safety Consultants Permanency Consultants
100.	Does CW regulate caseloads for caseworkers to ensure they can meet the needs of children and families under their supervision?	11	Program Managers Caseworkers Casework Supervisors
101.	Does CW adequately train caseworkers prior to their direct work with families?	11	Caseworkers
102.	Does CW adequately train caseworkers on an ongoing basis?	11	Caseworkers
103.	In what ways does CW provide adequate supervision to child welfare caseworkers and middle managers?	11	Program Managers Casework Supervisors



Appendix I: Staffing Information

Stacey Moss: Expert Witness

Stacey Moss is the President and CEO of Public Knowledge® and is serving as the Expert Witness. Stacey is responsible for providing overall direction and leadership for Public Knowledge®, with 20 years of experience working within governmental agencies, educational institutions, and non-profit organizations. She also has extensive experience in training development and implementation; leadership assessments and coaching; organizational change management; and organizational development. Stacey received her Juris Doctorate from the University of Wyoming and is a certified child welfare law specialist (CWLS) and Project Management Institute (PMI) project management professional (PMP).

Stacey has spent her career in the child welfare industry. Starting as an attorney representing parents and children in juvenile court proceedings. Then, representing the child welfare agency in many policy and rule promulgation, general advice, and court proceedings. Then running a state agency of attorneys ad litem for children and youth in child welfare proceedings. And finally, the last 10+ years at Public Knowledge® doing consulting work nationally on child welfare and other related systems work. Stacey was the Policy and Regulatory Lead on the 2016 PK project to produce the 2016 *Child Safety in Substitute Care Final Report*.

Stacey has authored or published seven publications in the ten years preceding the submission of this report, all of which are listed on her resume in Appendix J. She has not testified in another case in the four years preceding the submission of this report.

Allison Olson Ward: Project Manager

Since 2022, Allison has been the Learning Practice Director at Public Knowledge® and is the Project Manager for this effort. Allison is responsible for growing the learning service line at PK as well as for building client relationships, project management, data analyses, research, and drafting deliverables. She has 19 years of experience working with state and local child welfare agencies and juvenile court systems and direct experience working with youth and families experiencing the child welfare system.

Allison has been pivotal in diverse projects throughout her career, including redesigning caseworker training, assisting in implementing Comprehensive Child Welfare Information Systems (CCWIS) and improving Adult Protective Services (APS) systems. Her responsibilities span project planning, management, curriculum design, stakeholder engagement, and quality assurance. Allison excels in organizational change management. As a certified Project Management Professional (PMP), Allison's adept at overseeing intricate projects. Her experience highlights her ability to lead teams, align objectives, and facilitate change



management while maintaining effective stakeholder communication. Allison received her Master's Degree in Counseling from the University of Wisconsin–Madison, and is a Certified ToP Facilitator, and a certified Project Management Practitioner.

Statement of Compensation

The Public Knowledge® Project Team includes the following staff with associated hourly rates.

Table 29. PK Team

Team Member	Hourly Rate
Stacey Moss	\$280
Allison Olson Ward	\$180
Susan Smith	\$220
Julie Breedlove	\$175



Appendix J: Stacey Moss CV

Stacey Moss, JD, CWLS, PMP

President and CEO

Professional Summary



Stacey is the President and CEO of Public Knowledge® and has over 20 years of experience working within governmental agencies, educational institutions, and nonprofit organizations. Stacey received her Bachelor of Arts from the University of Northern Colorado, and her Juris Doctorate from the University of Wyoming. She holds a Certified Child Welfare Law Specialist (CWLS) certification and a Project Management Professional (PMP) certification. Stacey brings expertise and knowledge to every project, but focuses her consulting in child welfare, Medicaid, and leadership.

Key Qualifications

- **Legal Expertise:** Extensive experience as an attorney, including roles as a Deputy Director and Chief Financial Officer of the Wyoming Guardians Ad Litem Program, providing legal advice to Wyoming state agencies, and practicing family law and child welfare law.
- **Teaching and Training:** Served as an Adjunct Professor of Law, educating students in legal writing and appellate advocacy. Conducted trainings throughout the US on various topics, demonstrating a commitment to knowledge dissemination.
- **Research and Publications:** Published multiple legal handbooks and articles on child welfare, juvenile court systems, and various legal issues. Contributed significantly to the field through insightful research and informative publications.
- **Effective Presenter:** Delivered presentations at numerous conferences, workshops, and training events, showcasing excellent communication and public speaking skills. Has created and delivered more than 75 trainings and presentations.

Stacey Moss, JD, CWLS, PMP

President and CEO

- **Collaboration and Teamwork:** Demonstrated ability to work effectively within diverse teams, promoting joint program planning and fostering effective team dynamics.
- **Community Engagement:** Active involvement in various community projects and volunteer work, including serving as a Big Brothers Big Sisters Project Manager and participating in Americorps National Civilian Community Corps.
- **Child Welfare Law Specialist:** Recognized as a Child Welfare Law Specialist by the National Association of Counsel for Children, highlighting specialized expertise in child welfare law.

Work Experience

Public Knowledge, President and CEO

1 / 2013 –
Present

Stacey is the President and CEO of Public Knowledge, LLC. Prior to serving as the President, she was our CEO, Professional Practice Officer, Marketing Director, and a Management Consultant. Consulting practice focuses on the health and child welfare industries, and our program and people services.

Wyoming Office of the Public Defender, Guardians Ad Litem Program, Deputy Director, Director, Chief Financial Officer

7 / 2008 –
2 / 2013

Stacey served as the Deputy Director of the Office of the State Public Defender and acting Director and Chief Financial Officer of the Wyoming Guardians Ad Litem Program. She trained, supervised, and managed all attorneys throughout Wyoming in child welfare and juvenile justice case proceedings. Trained Program administrative staff; gave final approval on all program expenditures and revenue; and tracked and maintained Program budget.

University of Wyoming College of Law, Adjunct Professor of Law

1 / 2008 –
6 / 2009

Stacey taught legal writing and appellate advocacy as an adjunct professor of law.

Stacey Moss, JD, CWLS, PMP

President and CEO

Wyoming Attorney General's Office, Assistant Attorney General to the
Departments of Family Services, Transportation, and Health 4/2007 – 6/2008

Stacey provided day-to-day legal advice to Wyoming state agencies. She represented the Department of Family Services (DFS), Wyoming Department of Transportation, and the Wyoming Department of Health. Stacey reviewed and made recommendations to DFS for legislation, rules, and policy; and trained DFS management, employees, and caseworkers. Stacey completed a mini-CFSR in preparation for the federal I-VE Review. She also concluded rule revisions and advice to the Substitute Care and Day Care Licensing Division and successfully represented the Department of Transportation in administrative hearings on license suspensions.

Corthell and King, P.C., Associate Attorney 6/2006 – 3/2007

Stacey practiced law in a general practice law firm, focused primarily on family law and child welfare law, including representing parents and children in juvenile court.

Wyoming Domestic Violence Legal Clinic at the University of Wyoming College of Law, Student Director 5/2005 – 5/2006

Stacey supervised and trained the student attorneys in the legal clinic at the law school. The clinic provided holistic legal representation to victims of domestic violence under the supervision of a faculty attorney.

University of Wyoming Engineering Department Wyoming Technology Transfer Center, Research Assistant and Trainer 1/2004 – 5/2006

Stacey worked for the Wyoming Technology Transfer Center researching the legal establishment of rural roads in Wyoming, from territorial days until present. She also conducted trainings throughout Wyoming and wrote a comprehensive reference guide on this issue for Wyoming road personnel and attorneys.

Jubin & Zerga Law Firm, Investigator 4/2003 – 8/2003

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Americorps National Civilian Community Corps, Corps Member	12/2002 – 4/2003
Henderson, Taylor, & Rapp Law Firm, Investigator	7/2002 – 12/2002
Colorado State Public Defender, Investigator	8/2001 – 6/2002
Big Brothers Big Sisters of Hastings, Project Manager	11/2000 – 5/2001

Education

Juris Doctorate, University of Wyoming College of Law	2006
Bachelor of Arts: Sociology, Minor in Legal Studies, University of Northern Colorado	2002

Certifications and Training

Organizational Mindfulness, Institute for Organizational Science and Mindfulness (IOSM)	2023
Leadership Institute, Classic Leadership Institute	2019
Hogan and Team Hogan Assessments Certification, Meta Skills Hogan Assessment Systems	2016
Project Management Professional (PMP), Project Management Institute (PMI)	2015
Technology of Participation® (ToP) Strategic Planning and Environmental Scanning Methods, Institute of Cultural Affairs (ICA)	2014
Technology of Participation® (ToP) Group Facilitation Methods, Institute of Cultural Affairs (ICA)	2013
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Multiple Trainings for many audiences around the state, including the law school clinics each year, on the Guardians Ad Litem Program and the Role of a Guardian Ad Litem in Wyoming, sponsored by the Wyoming Guardians Ad Litem Program	2008– 2013
Multiple trainings on legal issues for caseworkers at the Department of Family Services, sponsored by the Department of Family Services, including CORE training, permanency, TPR, foster care placements, etc.	2007– 2008
Multiple trainings around the State of Wyoming on the Legal Establishment of County Roads, sponsored by the Wyoming Technology Transfer Center	2006

Stacey Moss, JD, CWLS, PMP

President and CEO

Professional Summary



Stacey is the President and CEO of Public Knowledge® and has over 20 years of experience working within governmental agencies, educational institutions, and nonprofit organizations. Stacey received her Bachelor of Arts from the University of Northern Colorado, and her Juris Doctorate from the University of Wyoming. She holds a Certified Child Welfare Law Specialist (CWLS) certification and a Project Management Professional (PMP) certification. Stacey brings expertise and knowledge to every project, but focuses her consulting in child welfare, Medicaid, and leadership.

Key Qualifications

- **Legal Expertise:** Extensive experience as an attorney, including roles as a Deputy Director and Chief Financial Officer of the Wyoming Guardians Ad Litem Program, providing legal advice to Wyoming state agencies, and practicing family law and child welfare law.
- **Teaching and Training:** Served as an Adjunct Professor of Law, educating students in legal writing and appellate advocacy. Conducted trainings throughout the US on various topics, demonstrating a commitment to knowledge dissemination.
- **Research and Publications:** Published multiple legal handbooks and articles on child welfare, juvenile court systems, and various legal issues. Contributed significantly to the field through insightful research and informative publications.
- **Effective Presenter:** Delivered presentations at numerous conferences, workshops, and training events, showcasing excellent communication and public speaking skills. Has created and delivered more than 75 trainings and presentations.

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- Collaboration and Teamwork: Demonstrated ability to work effectively within diverse teams, promoting joint program planning and fostering effective team dynamics.
- Community Engagement: Active involvement in various community projects and volunteer work, including serving as a Big Brothers Big Sisters Project Manager and participating in Americorps National Civilian Community Corps.
- Child Welfare Law Specialist: Recognized as a Child Welfare Law Specialist by the National Association of Counsel for Children, highlighting specialized expertise in child welfare law.

Work Experience

Public Knowledge, President and CEO

1 / 2013 –
Present

Stacey is the President and CEO of Public Knowledge, LLC. Prior to serving as the President, she was our CEO, Professional Practice Officer, Marketing Director, and a Management Consultant. Consulting practice focuses on the health and child welfare industries, and our program and people services.

Wyoming Office of the Public Defender, Guardians Ad Litem Program, Deputy Director, Director, Chief Financial Officer

7 / 2008 –
2 / 2013

Stacey served as the Deputy Director of the Office of the State Public Defender and acting Director and Chief Financial Officer of the Wyoming Guardians Ad Litem Program. She trained, supervised, and managed all attorneys throughout Wyoming in child welfare and juvenile justice case proceedings. Trained Program administrative staff; gave final approval on all program expenditures and revenue; and tracked and maintained Program budget.

University of Wyoming College of Law, Adjunct Professor of Law

1 / 2008 –
6 / 2009

Stacey taught legal writing and appellate advocacy as an adjunct professor of law.

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Wyoming Attorney General's Office, Assistant Attorney General to the
Departments of Family Services, Transportation, and Health 4/2007 – 6/2008

Stacey provided day-to-day legal advice to Wyoming state agencies. She represented the Department of Family Services (DFS), Wyoming Department of Transportation, and the Wyoming Department of Health. Stacey reviewed and made recommendations to DFS for legislation, rules, and policy; and trained DFS management, employees, and caseworkers. Stacey completed a mini-CFSR in preparation for the federal I-VE Review. She also concluded rule revisions and advice to the Substitute Care and Day Care Licensing Division and successfully represented the Department of Transportation in administrative hearings on license suspensions.

Corthell and King, P.C., Associate Attorney 6/2006 – 3/2007

Stacey practiced law in a general practice law firm, focused primarily on family law and child welfare law, including representing parents and children in juvenile court.

Wyoming Domestic Violence Legal Clinic at the University of Wyoming College of Law, Student Director 5/2005 – 5/2006

Stacey supervised and trained the student attorneys in the legal clinic at the law school. The clinic provided holistic legal representation to victims of domestic violence under the supervision of a faculty attorney.

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Project Management Professional (PMP), Project Management Institute (PMI)	2015
Technology of Participation® (ToP) Strategic Planning and Environmental Scanning Methods, Institute of Cultural Affairs (ICA)	2014
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Child Welfare Law Specialist, National Association of Counsel for Children	2012

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National Association of Counsel for Children

NACC Standards for Child Welfare Law Attorney Specialty Certification

<i>Section 1</i>	<i>General Principles</i>
<i>Section 2</i>	<i>Standards for Certification</i>
	Part 1 Good Standing and Period of Practice
	Part 2 Substantial Involvement
	Part 3 Educational Experience
	Part 4 Peer Review
	Part 5 Examination
	Part 6 Writing Sample
	Part 7 Disclosure of Conduct
<i>Section 3</i>	<i>Recertification Standards</i>
	Part 1 Good Standing and Period of Practice
	Part 2 Substantial Involvement
	Part 3 Educational Experience
	Part 4 Peer Review
	Part 5 Disclosure of Conduct
	Part 6 Examination and Writing Sample
<i>Section 4</i>	<i>Annual Reporting</i>
<i>Section 5</i>	<i>Application Review</i>
<i>Section 6</i>	<i>Denial or Revocation of Certification: Reconsideration and Appeal</i>

Section 1 General Principles

- 1.1 Certification is individual, voluntary, and open to all who qualify.
- 1.2 These standards shall not in any way limit the right of the certified child welfare law attorney to practice law in all fields.
- 1.3 These standards shall not be interpreted to require a lawyer to obtain a certificate in child welfare law before he or she can practice in the field.
- 1.4 Certification shall be for five years, after which time the certificate cannot be used unless the lawyer is recertified. Certification may be revoked at any time for violations of these Standards.
- 1.5 Application for certification will be made to the National Association of Counsel for Children (NACC), on the forms supplied, and accompanied by the appropriate fee.

- 1.6 Applicant must complete all requirements, including the examination, within two years of application. If the certification process is not satisfactorily completed within the two-year period, the applicant must reapply and re-submit all required fees. An application can be denied at any time within the two year application period for failure to successfully meet the requirements for certification.
- 1.7 A certificate will be issued upon a showing by the applicant, and by the NACC Certification Committee's own investigation, that the applicant complies with the Certification Standards.
- 1.8 All applications and other information submitted to the NACC shall be privileged and confidential, except as compelled by law and, except that the NACC Certification Committee may reveal the fact of an application for the purpose of verifying information submitted by the applicant, and for the purpose of making such inquiries with respect to the character and professional reputation of the applicant as may be authorized by the Standards.
- 1.9 The NACC does not discriminate against any lawyer seeking certification on the basis of race, nationality, religion, gender, sexual orientation, disability, or age.
- 1.10 The NACC is dedicated to the identification of lawyers who possess an enhanced level of skill and expertise in child welfare law, and have demonstrated integrity and dedication to the interests of their clients.
- 1.11 Membership in the NACC is not a requirement for certification.

Section 2 Standards for Certification

Part 1 Good Standing and Period of Practice

- 2.1 **Good Standing.** The applicant shall furnish evidence of his or her good standing in the state of his or her admission, or if admitted in more than one state, in the state of his or her principal practice.
- 2.1.1 **Period of Practice.** Immediately preceding application, the applicant must have spent three (3) years **involved** in the practice of child welfare law.

Part 2 Substantial Involvement

- 2.2 **Substantial Involvement.** The applicant must make a satisfactory showing of substantial involvement relevant to child welfare law, with at least thirty (30) percent of his or her time involved in child welfare law during the three (3) years preceding the filing of the application.
- 2.2.1 **Evidence of Substantial Involvement.** Evidence of substantial involvement *may* be shown by the following activity over the three (3) year period preceding application. (The following are sample criteria for substantial involvement. Although applicants meeting each of these criteria would clearly satisfy this requirement, applicants are not required to meet all of these criteria. Additionally, applicants may submit other activities as evidence of substantial involvement.):
 - Participation in 45 child welfare matters during the three years preceding the filing of the application
 - Direct or cross examination of 25 lay witnesses
 - Direct or cross examination of 10 expert witnesses

- Referral of 25 child welfare matters to collateral systems, such as the education system, mental health system, criminal, immigration, or other system, which demonstrates applicant's knowledge of and appreciation for representing the whole client
- Making 25 visits to the community, such as a home visit to a client, foster parent, family resource, the case address, field office, or scene of the crime
- Consultation with a non-legal expert on some aspect of child welfare, child development, or medical or related issues in 10 cases
- Consultation with a non-legal professional on some aspect related to the representation of the client's interests in 20 cases
- Collection of relevant information from outside sources in 45 child welfare matters
- Participation in 10 negotiated settlements
- Participation in 5 appellate or writ matters

Participation in special education advocacy, child benefits, criminal child abuse, domestic violence, adoption / guardianship, juvenile delinquency, and divorce and custody matters will be considered.

- 2.2.3 **Verification.** Applicants are required to verify by sworn statement under penalty of perjury in the application process that the evidence of substantial involvement indicated is true and accurate.
- 2.2.4 **Waiver for Judges, Magistrates, Supervisors, Directors, Law Professors, and Policy Advocates.** The requirements of this section may be waived for any person who has served as a dependency court judge, magistrate, supervisor, director, law faculty, or policy representative for three years at any time during the last five years. Applicants using this waiver are required to provide detailed information about their service.

Part 3 Educational Experience

- 2.3 **Educational Experience.** The applicant must demonstrate substantial participation in continuing legal education relevant to child welfare law in the three-year period immediately preceding application. Topics deemed relevant to child welfare law include but are not limited to substantive and procedural law, trial practice, alternative dispute resolution, child abuse and neglect, child development, and family dynamics and relationships:
- a. By attendance at not less than thirty-six hours in programs of continuing legal education, including in-house staff trainings, acceptable to the NACC Certification Committee. Pre-approval of trainings with the NACC is not required; and / or
 - b. By equivalent participation through, but not limited to, the following means, acceptable to the NACC Certification Committee (Pre-approval is not required):
 1. Teaching courses or seminars in child welfare law;
 2. Participation as panelist, speaker, or workshop leader, at educational or professional conferences in child welfare law;
 3. Authorship of books or of articles published in professional journals in child welfare law.

Part 4 Peer Review

- 2.4 **Peer Review.** The applicant shall submit with application the names of no less than five (4 attorneys, 1 judge) and no more than eight (6 attorneys, 2 judges) references. These references shall be substantially involved in child welfare, and familiar with the applicant's work.

References satisfactory to the NACC must be received from at least one judge / magistrate and four attorneys who can attest to the applicant's competence in child welfare law. A reference from an individual who has served as opposing counsel is encouraged. References may not be provided by persons related to the applicant or by those who are engaged in the legal practice with the applicant.

- 2.4.1 **Collection of References by NACC.** NACC will solicit confidential statements from all persons listed as references and may solicit confidential statements of reference from other persons, familiar with the applicant's practice, not specifically named by the applicant. All reference statements received will be reviewed by the NACC to assess whether the applicant has demonstrated an appropriate level of skill and expertise.

Part 5 Examination

- 2.5 **Examination.** The applicant must pass the NACC Child Welfare Law written competency examination. The examination may be taken any time during the application period. Exam results have no bearing on the Application Review (Section 5) or Petition of Reconsideration/Appeal process (Section 6). An applicant may pass the exam, but denied certification if other standards have not been met.

- 2.5.1 **Examination Review.** An applicant who fails to pass the examination may, within two (2) months after the results have been announced, review his or her examination in such a place as the NACC may designate. If an applicant chooses to review his or her examination, he or she forfeits his or her right to re-take the examination. An applicant who passes the examination shall not be entitled to review his or her examination.

Part 6 Writing Sample

- 2.6 **Writing Sample.** The applicant shall submit a copy of a trial court memorandum, appellate brief, article, or a writing sample demonstrating legal analysis in the field of child welfare law. This should be a substantial writing sample, stating facts and arguing law, submitted or drafted no more than three years before the date of application.

Part 7 Disclosure of Conduct

- 2.7 **Disclosure of Conduct.** In order to assist the evaluation of whether the applicant possesses an appropriate level of skill and expertise and has demonstrated integrity and dedication to the interests of clients, the applicant shall, to the extent known, disclose to the NACC as soon as permitted by law:
- (a) The filing of any criminal charges against the applicant together with all details;
 - (b) The filing or submission of any allegation of unethical or inappropriate professional conduct with any court, grievance committee or disciplinary board or body together with all details;
 - (c) The assertion of any claim of professional negligence or professional liability, whether or not suit has been filed.

- 2.7.1 **Findings.** The National Association of Counsel for Children shall determine, in accordance with these Standards, whether action should be deferred pending receipt of additional information. The NACC will take into consideration any findings made by other bodies concerning such conduct, but is not bound by any such findings and will make its own independent assessment concerning how such conduct bears on whether an attorney is qualified to obtain or maintain certification.

- 2.7.2 **Failure to Disclose.** The failure of an applicant to disclose such conduct is a material misrepresentation and may be cause for rejecting an application, or for suspending a certification. The applicant shall have a continuing duty to disclose such matters to the NACC.

Section 3 Recertification Standards

Part 1 Good Standing and Period of Practice

- 3.1 **Good Standing and Period of Practice.** The applicant must satisfy the good standing and period of practice requirements of certification set forth in Section 2, Part 1 of these standards.

Part 2 Substantial Involvement

- 3.2 **Substantial Involvement.** The applicant must satisfy the substantial involvement requirements of certification set forth in Section 2, Part 2 of these standards.

Part 3 Educational Experience

- 3.3 **Educational Experience.** The applicant must show that he or she participated in and completed at least thirty-six hours of educational activity, as set forth in Section 2 Part 3 of these standards, during the five years preceding recertification.

Part 4 Peer Review

- 3.4 **References.** The applicant shall submit with application the names of no less than five (4 attorneys, 1 judge) and no more than eight (6 attorneys, 2 judges) references. These references shall be substantially involved in child welfare law, and familiar with the applicant's practice. References satisfactory to the NACC must be received from at least one judge who can attest to the applicant's competence in child welfare law. References may not be provided by persons related to the applicant or by those who are engaged in the legal practice with the applicant.

- 3.4.1 **Collection of Peer Review Statements.** NACC will solicit confidential statements from all persons listed as references and may solicit confidential statements of reference from other persons, familiar with the applicant's practice, not specifically named by the applicant. All reference statements received will be reviewed by the NACC to assess whether the applicant has demonstrated an enhanced level of skill and expertise.

Part 5 Disclosure of Conduct

- 3.5 **Disclosure of Conduct.** The applicant shall comply with Section 2 Part 7 of these standards in the same manner as an applicant for certification.

Part 6 Examination and Writing Sample

- 3.6 **Examination and Writing Sample.** Applicants for recertification shall NOT be required to take a written examination or provide a writing sample.

Section 4 Annual Reporting

- 4.1 **Annual Reporting.** Annually, certified attorneys will be required to submit a Disclosure of Conduct and annual dues. The certified attorney's annual dues and Disclosure of Conduct must be current before an application for recertification will be granted.

Section 5 Application Review

- 5.1 **Application Review.** Applications for certification and recertification shall be reviewed by the NACC Certification Committee, a majority of the members of which shall be lawyers who have

substantial involvement in the area of child welfare law. The NACC Certification Committee consists of 10 members, five of whom shall be designated even numbered reviewers and five of whom shall be designated odd numbered reviewers. Each Applicant will be assigned a registration number and reviewers will rotate applications so that a five member panel reviews each application.

Section 6 *Denial or Revocation of Certification: Reconsideration and Appeal*

- 6.1 **Denial of Certification.** An applicant for certification may be denied for failure to comply with any of these standards.
- 6.1.1 **Denial of Recertification.** An application for recertification may be denied for failure to comply with any of these standards.
- 6.1.2 **Revocation.** An existing certification may be revoked for failure to demonstrate maintenance of an enhanced level of skill and experience and integrity and dedication to the interests of clients as required for certification or for failure to maintain compliance with the financial responsibility requirements (payment of certification fees).
- 6.1.3 **Reconsideration and Appeal.** Decisions of the NACC Certification Committee are subject to reconsideration by the NACC Certification Committee, and thereafter, appeal to the NACC Board of Directors. An attorney who is refused certification for any reason, or who is refused recertification or whose certification is revoked may pursue review under the following reconsideration and appeal procedures of the NACC.
- 6.1.4 **Petitions for Reconsideration.** After written notice has been sent by the NACC Certification Committee that an application for certification or re-certification has been denied, or a certificate has been revoked or suspended, the applicant may petition the committee for reconsideration. Such petition must be received by the committee within 30 days of the date that the notice was sent by the Certification Committee. The petition may be informal, but shall be in writing and adequately identify the determination for which reconsideration is requested, the date of mailing of such determination, the reasons the determination should be altered, and the relief requested.
- 6.1.5 **Reconsideration by NACC Certification Committee.** Petitions for reconsideration shall be reviewed by the same 5 member section of the committee which reviewed the original application. The reviewers shall decide whether to grant the requested relief after considering the applicant's petition and any additional information obtained. The applicant shall be advised of the Certification Committee's decision by written notice mailed within 15 days after the decision has been made.
- 6.1.6 **Appeal.** Reconsideration decisions of the Certification Committee may be appealed to the NACC Board of Directors. The five members of the Certification Committee who reviewed the initial application and petition for reconsideration shall not be allowed to sit in review of the appeal. The appeal shall be in writing and shall be received by the Board of Directors within 30 days after written notice of the reconsideration decision. The Board shall decide whether to grant the requested relief after considering the applicant's petition and any additional information obtained. The applicant shall be advised of the Board's decision by written notice mailed within 15 days after the decision has been made.

- 6.1.7 **Appeals Final.** Appeal decisions of the NACC Board of Directors are final. Exhaustion of this right shall be a condition precedent to judicial review.
- 6.1.8 **Hearings.** Although there is no right to a hearing on a petition for reconsideration or appeal, the committee or board may, in its discretion, grant the petitioner an in person or telephone hearing.
- 6.1.9 **Reapplication Waiting Period.** A lawyer who is refused certification or recertification, or whose certification is revoked, may not apply for certification until one year after the date of such refusal, denial or revocation.
- 6.1.10 **Suspension of License.** Suspension of license to practice law shall operate as an automatic revocation of certification.
- 6.1.11 **Premature Publication.** A lawyer who publicizes a certification or application for certification prior to its being granted or continues to publish certification after it has been revoked or suspended, may be barred from certification.

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Stacey Obrecht is a wife, mother of four, and CEO at Public Knowledge, LLC.

Stacey thrives on challenges! We are sure the word “no” is not in her vocabulary. She finds creative ways to solve problems, often by finding connections between seemingly unrelated things. An empathetic extrovert, she thrives on making lasting relationships with her clients and ensuring their projects are successful. Prior to becoming the Chief Executive Officer, Stacey served as Public Knowledge's Professional Practice Officer, and she has played a key role in the firm's growth over the last seven years. She has 20 years of project management experience and served as the Marketing Director at Public Knowledge for four years before becoming an Officer. She is also a licensed attorney, certified Child Welfare Law Specialist, and certified Project Management Professional. She currently serves as a national expert on child welfare and juvenile courts and has led key planning and procurement projects for the firm.

“

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Stacey's son, Evan, was diagnosed with Type 1 Diabetes (T1D) at the age of five in November 2015. Stacey is passionate about reaching parents of newly diagnosed children, finding ways to support anyone connected to T1D, and giving back to the wonderful organizations and people that help move research forward and care for those with T1D each and every day.

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“

What Type 1 brought me and brought our family was a very quick, forced focus on what's most important and to really cherish the small things. -Stacey Obrecht



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The GLI® Group Acquires Public Knowledge to Expand Government Consulting Services

Jan 8, 2020

LAKEWOOD, N.J., Jan. 8, 2020 /PRNewswire/ — The GLI® Group has acquired Public Knowledge, LLC, a management consulting firm to government agencies. The acquisition will expand and complement GLI's government consulting services.

Public Knowledge is a national management consulting firm that helps government agencies solve challenging and difficult problems and thrives in complex environments. They do this by providing planning, procurement, and implementation services primarily to health and human services agencies.

Public Knowledge will continue to operate under their brand name, and customers can expect a "business-as-usual" approach while also being able to leverage the GLI Group's reputation for world-class customer service and exemplary culture of social responsibility.

GLI President and CEO James Maida said, "The GLI Group has completed multiple strategic acquisitions that strengthen our reach in three key areas: Testing and Certification, IT Security, and Government Consulting Services. Recent acquisitions such as SeNet, NMI, and Bulletproof further enhanced our global gaming and cybersecurity offerings. Now, the acquisition of Public Knowledge complements and provides additional bandwidth to our government consulting business."

Public Knowledge CFO Kristin Sparks said, "We are very excited about the infrastructure and efficiencies that a large organization like the GLI Group will bring to Public Knowledge."

Stacey Obrecht, Public Knowledge Professional Practice Officer, added, "Public Knowledge has seen consistent growth over the last six years because our current clients ask for more support. We are proud of our long-term client partnerships and look forward to the ability to scale faster to meet our clients' needs with support from the GLI Group."

View Original Press Release (<https://www.prnewswire.com/news-releases/the-gli-group-acquires-public-knowledge-to-expand-government-consulting-services-300983681.html>)

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Supplemental Assessment of Services for Youth Aging Out of Foster Care

For:
Markowitz Herbold

March 1, 2024



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1 Executive Summary

Public Knowledge® (PK) conducted a comprehensive, independent assessment of the Oregon Department of Human Services (ODHS) Child Welfare Division (CW) in 2023 to examine improvements that had been made in CW's policies, procedures, and service delivery since 2016. The results were published in the *Oregon Child Welfare Review Assessment Findings Report* which is referenced and incorporated here. Using the assessment methodology established in that report, PK found that Oregon CW has made progress in providing independent living (IL) services to young adults since 2016 and has done so without external monitoring.

Four research questions guided this assessment of Oregon's Independent Living Program (ILP). The research questions and their findings are included in Table 1 below. The support for and more detail about these findings can be found in the subsequent sections. The scope of this assessment, including guiding principles and constraints, mirrors that of PK's *Oregon Child Welfare Review Assessment Findings Report*.

Table 1. PK Findings on Independent Living Services

Research Question Topic	Finding
Did Oregon CW enhance policy language regarding independent living services?	Since 2016, Oregon CW has improved policy language for Supervised Independent Living (SIL) and the rights of young adults in foster care.
Did Oregon CW expand its service array for independent living services?	Since 2016, CW has expanded its service array by developing the Tiered ILP Model, which provides age-appropriate and developmentally appropriate IL services.
Did Oregon CW improve its assessment of the independent living needs of young adults transitioning out of foster care?	Since 2016, CW has improved its assessment of the needs of older youth by continued use of the Transition Readiness Discussion Guide and the Youth Assessment Summary to assess independent living needs appropriately.
Did Oregon CW improve its delivery of independent living services?	Since 2016, CW has improved IL service delivery by restructuring the IL program, including surveying young adults about the efficacy of their IL services, and adding staff dedicated to the program. CW now also conducts performance-based contracting with IL providers, a national best practice.



During this assessment process, PK identified several areas in which Oregon CW is continuing to improve IL services, including the provision of housing, meeting IL needs for youth with complex needs, and reducing caseloads for caseworkers serving young adults.

1.1 Responses to Dr. Day's Conclusions

PK reviewed the report written by Dr. Angelique Day in the lawsuit *Wyatt B. et al v. Kotek et al* and found many of Dr. Day's conclusions are inaccurate, as described in Table 2 below.¹

Table 2. Responses to Dr. Day's Report

Dr. Day Conclusion	Dr. Day Report Page	PK Response	PK 2023 Report Section
Oregon needs to build additional infrastructure to address the unique needs of this growing population in their state.	3	This has occurred. CW has expanded infrastructure for IL services through the Tiered ILP Model. The population of young adults in foster care in Oregon has decreased.	3.2
DHS has not made reasonable efforts to reconnect youth with kin.	4	This is inaccurate. Oregon demonstrated an increase in initial relative placements for children and young adults. Initial relative placements have increased consistently and significantly since 2007.	3.3
60 percent of young adults in Oregon aged out of foster care without being connected to a permanent family.	4	This is an inaccurate assumption. This data point does not account for relational permanency, or connections and bonds with a permanent family. It assumes that young adults aging out of care do not have these connections.	3.4
CW has not changed their policy to require a mental	11	This is not entirely accurate. Children and young adults in foster care must be referred for screening using the	3.3

¹ Dr. Angelique Day Expert Witness Report. December 15, 2023.



Table 2. Responses to Dr. Day's Report

Dr. Day Conclusion	Dr. Day Report Page	PK Response	PK 2023 Report Section
health assessment within 60 days of entering care.		Child and Adolescent Needs and Strengths (CANS) Tool between the 14th and 21st day in out-of-home care.	
CW has not created individualized case plans in a timely manner and CW is not reporting whether case plans are being created timely.	14	This is inaccurate. CW has shown an increase in timely completions of case plans since the full implementation of the Family Plan. Oregon CW exceeded the goal of including children and families in the case planning process.	3.3
The use of temporary lodging increased from 2019 to 2023.	17	This is inaccurate. Oregon data shows that the percentage of young adults in temporary lodging was less than one percent of the total number of children and young adults in foster care.	3.3
There is no evidence of collaboration across the child-serving system.	17	This is inaccurate. The 2023 Annual Progress and Services Report describes many cross-system collaborative efforts across child-serving systems currently underway, including but not limited to the Public Housing Authority, Oregon Health Authority, Tribal Affairs, Oregon Foster Youth Connection, the education system, and others. ²	3.3
Avoiding placing young adults out of state would	17	This data is available. No children or young adults have been placed out	3.3

² Oregon Department of Human Services Child Welfare Division. Annual Progress and Services Report 2023. (June 30, 2022). <https://www.oregon.gov/dhs/children/Pages/data-publications.aspx>



Table 2. Responses to Dr. Day's Report

Dr. Day Conclusion	Dr. Day Report Page	PK Response	PK 2023 Report Section
be a "major improvement" if data could be provided to show this was the case.		of state since June 2020. The improvement has been made.	
DHS had previously made minimal effort to locate, support, or train resource families.	18	This is inaccurate. CW hired sixteen Resource Family Retention and Recruitment Champions to recruit resource parents. Since 2016, CW has diligently recruited resource parents and created a position for a Resource Parent Training Manager. CW has revised training for resource parents since 2016 in partnership with and based on feedback from Tribes, communities, and resource families.	3.4
Oregon refers young adults to independent living service providers at age 16.	27	This is inaccurate. In keeping with federal requirements, Oregon begins working with young adults at age 14 to create a developmentally appropriate transition plan.	3.1



2 Methodology

The methodology for this assessment follows the same inquiry protocol as PK's *Oregon Child Welfare Review Assessment Findings Report*. The research questions and data reviewed specific to this topic are outlined below.

2.1 Research Questions

The research questions for this assessment focused on young adults transitioning out of foster care and how the scope of IL services provided to this population has changed since 2016. The research questions that guided this assessment are:

1. Did Oregon CW enhance policy language regarding independent living services?
2. Did Oregon CW expand its service array for independent living services?
3. Did Oregon CW improve its assessment of the independent living needs of young adults transitioning out of foster care?
4. Did Oregon CW improve its delivery of independent living services for young adults transitioning out of foster care?

2.2 Data Collection and Analysis

The methodological approach included qualitative and quantitative data collection and analysis. Qualitative data was collected from Child Welfare leadership. The data analysis included collecting and visualizing quantitative data and studying qualitative data collected during interviews. The analysis included data gathered from two interviews, a policy review, the Annual Progress and Services Review (APSR), a deposition transcript review, and relevant quantitative data.

2.2.1 Interview Protocol

The PK team interviewed Lacey Andresen, Deputy Director of Child Welfare Program and Practice, and Kelly Brezinski, the ILP and Youth Transitions Program Manager, to discuss the improvements in providing independent living services since 2016. The protocol for the interviews is shared in Appendix A of this report.

2.2.2 Document Review

The PK team reviewed the following documentation as part of this assessment:



- The policy outlined in the ODHS Child Welfare Procedure Manual³ regarding independent living and transition services and supports for young adults under CW supervision.
- The Expert Witness Report written by Dr. Angelique Day, dated December 15, 2023.
- Transcript of Rosemary Iavenditti Rule 30(b)(6) Deposition on October 2, 2019.
- Transcript of Kim Lorz Deposition on September 12, 2023.
- Transcript of Dr. Angelique Day Expert Witness Deposition on February 14, 2024.

Appendix D is a comprehensive list of documents considered or provided to PK by counsel for the Defendants in this case.

³ Oregon Department of Human Services Child Welfare Procedure Manual. Revised 1/9/2024.
<https://www.oregon.gov/odhs/rules-policy/Documents/cw-procedure-manual.pdf>; Oregon DHS Child Welfare Procedure Manual, Rev 08/23/2023 (Wyatt_DHS_4663658); Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 6/1/2020 (Wyatt_DHS_2673813).



3 Findings

3.1 Oregon CW improved policy language regarding independent living services.

Oregon CW's policy language and service array for Supervised Independent Living (SIL) arrangements have expanded since 2016. These arrangements are designed to help young adults in ODHS custody become self-sufficient adults.⁴ CW has added the Transitional Living Program – Basic, and the Transitional Living Program – Plus, both of which are described in section 4.2, below.

Additionally, as mentioned in PK's *Oregon Child Welfare Review Assessment Findings Report*, Oregon drafted the Foster Children's Bill of Rights in 2017, which includes the right to⁵:

- Be provided with age-appropriate educational opportunities and schooling to prepare young adults for adult life.
- Have the opportunity to participate in activities that interest young adults.
- Make choices about classes and schools as allowed by law.
- Receive age-appropriate information and assistance when enrolling in college or vocational education.

These commitments were codified into Oregon law in 2018, which made Oregon one of only a few states that had codified such rights into law. This codification demonstrates the commitment CW has made to preparing young adults to successfully transition into adulthood, along with CW's prioritization of sibling connections and placing siblings together.

Dr. Day stated in her report⁶ that Oregon's policy in 2019 was to refer young adults to independent living service providers at age 16. This is incorrect. In keeping with federal requirements, Oregon begins working with young adults at age 14⁷ to create a developmentally appropriate transition plan and provide the necessary services and

⁴ See Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 1/9/2024 (p. 868) <https://www.oregon.gov/odhs/rules-policy/Documents/cw-procedure-manual.pdf>; see also Oregon DHS Child Welfare Procedure Manual, Rev 8/23/2023 (Wyatt_DHS_4663658).

⁵ Oregon Foster Children's Bill of Rights: <https://sharedsystems.dhsoha.state.or.us/DHSforms/Served/de9014a.pdf>

⁶ Dr. Angelique Day Expert Witness Report. December 15, 2023 (p. 27).

⁷ Rosemary Iavenditti Rule 30(b)(6) Deposition Transcript at 57:21–59:12, 107:25–108:5, 152:7–17 (October 2, 2019).

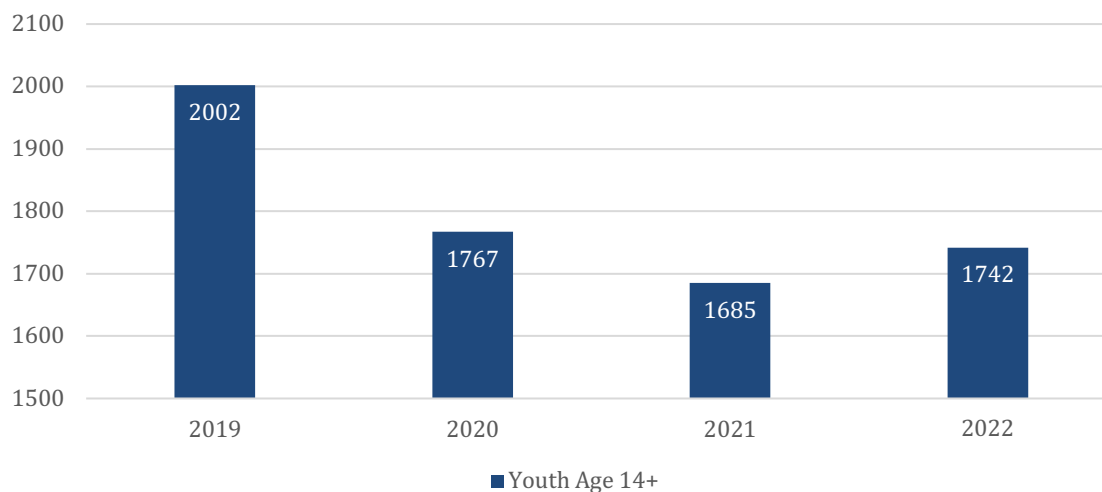


supports for them to reach their goals.⁸ The 2023 APSR also explained that CW provides services to youth beginning at age 14.⁹ The 2023 APSR is publicly available and was produced to plaintiffs on May 22, 2023.¹⁰

3.2 Oregon CW expanded its service array for independent living services.

As stated in PK's *Oregon Child Welfare Review Assessment Findings Report*, CW facilitates the Independent Living Program (ILP), which provides services to help young adults aged 14 and older transition from foster care into independent adulthood. In her report, Dr. Day states that "Oregon is in need of building additional infrastructure to address the unique needs of this growing population in their state."¹¹ CW has expanded infrastructure for IL services through the Tiered ILP Model, and the population of young adults in foster care in Oregon has decreased by 13%, as shown below.

Figure 1. Population of Transition Age Youth from 2019–2022¹¹



Since 2016, CW has built a tiered approach to the ILP model, allowing trauma-informed, age-appropriate, and developmentally appropriate services to be delivered to young adults.

⁸ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 1/9/2024, (p. 964).

⁹ Oregon Department of Human Services Child Welfare Division. Annual Progress and Services Report 2023 (p.139). (June 30, 2022). <https://www.oregon.gov/dhs/children/Pages/data-publications.aspx>.

¹⁰ 2023 APSR, submitted on June 30, 2022, resubmitted 8/12/22 (Wyatt_DHS_3194411); 5/22/23 Letter from defendants to plaintiffs re document production.

¹¹ Results Oriented Management (ROM) Data Site, Oregon Department of Human Services.



The tiers are laid out as shown in the graphic below.¹² This graphic illustrates the commitment CW has made to address the unique needs and skills of young adults in care to support their transition to successful adulthood, while addressing considerations of normalcy for children and young adults in foster care. ILP services include financial management, assistance with applications for job and secondary education, and housing services. According to leadership, CW has open contracts throughout the entire state of Oregon so that all young adults have access to IL services.

Figure 2. CW Tiered ILP Model

Tier 1: Independent Living Prep	Tier 2: Independent Living Basic	Tier 2A: Independent Living Plus	Tier 3: Independent Living Supports
<ul style="list-style-type: none">• Ages 14-15 (and 16 if needed to gain a basic awareness of IL skills)• Group setting• Focus is on soft skills needed to be successful in Tier 2• Values participation and support of the caregiver and caseworker	<ul style="list-style-type: none">• Ages 16-20• Monthly one-on-one meetings and quarterly group sessions• Focus is on tangible skills needed in adulthood• Transition planning is a key component and guides service provision• Skill building is individualized	<ul style="list-style-type: none">• Ages 16-20• Face-to-face individual sessions twice monthly for up to two hours• Focus is on building the youth's self-determination skills, including goal setting, problem solving, and stress management through a training curriculum that includes accommodations for special needs	<ul style="list-style-type: none">• Ages 21-23• Face-to-face individual sessions at least every two months and additional monthly check-ins in the young adult's preferred method• Focus on supporting young adults exiting foster care or no longer in care to transition to interdependent community living• Similar to but less formal than Tier 2

In addition to creating this tiered model for IL services, since 2016, CW added two Supervised Independent Living (SIL) arrangements to supplement housing costs for young adults in CW custody. Each type of SIL placement is intended to work with the Independent Living Skill Building Program to support young adults in learning and practicing self-sufficiency skills while they continue their education or employment.⁴ The two new programs, the Transitional Living Program – Basic and the Transitional Living Program – Plus, both begin at age 18 and last at least 12 months, and have more flexibility than the two existing SIL arrangements. The productive hours, which are hours dedicated to completing secondary education or another educational program, vocational education, a program designed to promote or remove barriers to employment, or part or full-time

¹² Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 1/9/2024, (pp. 977–978); See also Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 6/1/2020 (pp. 12, 798–808, 871–928, 1069–1099) (Wyatt_DHS_2673813).



employment, required for the two Transitional Living Programs are tailored to fit the young adult's needs,¹³ allowing for flexibility and individualized service delivery.

Since 2016, CW has also added a Comprehensive Transition Plan Meeting that may be part of the Youth Decision Meeting, which was outlined in PK's *Oregon Child Welfare Review Assessment Findings Report*. The Comprehensive Transition Plan (CTP) addresses topics including personal growth and social development, family support and healthy relationships, health education and risk prevention, education, employment and career preparation, money management, transportation, life skills, housing, and home management. The CTP also outlines what a young adult needs to successfully transition to adulthood, including transition goals, action steps, services, and supports.¹⁴

3.3 Oregon CW continues to assess the independent living needs of young adults transitioning out of foster care.

PK considered several areas of assessment for young adults in foster care, including the assessment of their independent living skills and mental and behavioral health needs, case planning, and placement setting. The following sections include responses to Dr. Day's report and our analysis of each topic with support for our finding.

Independent Living Skills Assessment

CW policy requires caseworkers to complete the Transition Readiness Discussion Guide and the Youth Assessment Summary to evaluate the young adult's knowledge, skills, and abilities. These tools allow caseworkers to engage the young adult, observe their mental health status, and understand trauma factors that impact their engagement in IL services.⁸ The tools also identify their stage for IL services, whether that be awareness, learning, or doing, as shown in the table below.¹⁵ These stages give caseworkers and young adults the current status of what the young adult knows about IL services, what IL skills they already have, and how they are applying those skills.

¹³ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 1/9/2024, (pp. 869–870); See also Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 6/1/2020 (pp. 12, 798–808) (Wyatt_DHS_2673813).

¹⁴ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 1/9/2024, (pp. 963–964); See also Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 6/1/2020 (pp. 875–888) (Wyatt_DHS_2673813).

¹⁵ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 1/9/2024, (pp. 964–966); See also Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 6/1/2020 (pp. 876–877) (Wyatt_DHS_2673813).

Table 3. IL Skill Development Stages¹⁵

	Stage I: Awareness	Stage II: Learning	Stage III: Doing
First Circle	Young adult has minimal information about the topic area.	Young adult has started gaining knowledge and developing new skills in this area.	Young adult has started applying some skills in real-life settings or activities, with support.
Second Circle	Young adult has basic information about this topic area and some understanding of why the topic is important.	Young adult has basic knowledge and skills in this area and needs further opportunities to practice and strengthen most skills.	Young adult is regularly applying some skills in real-life settings and activities, with limited support.
Third Circle	Young adult has solid information about this topic and understands why it is important but has not started developing knowledge or skills.	Young adult has solid knowledge and skills in this area but has not started applying these in real-life settings or activities.	Young adult is consistently applying many skills in real-life settings and activities, with limited support. Young adults may stay in this stage for as long as the ILP provider monitors their application of skills.

The caseworker updates the Youth Assessment Summary every six months as part of the young adult's Comprehensive Transition Plan, and at that review, the young adult may move up in stages (or circles within stages) based on their progress. This initial staging and ongoing review of the young adult's knowledge and skills supports the caseworker and ILP provider in tailoring the services to the young adult's specific needs and strengths.

Very little research has been conducted to specify or validate effective models for improving the transition trajectories of youth exiting care.¹⁶ Youth may choose not to participate in assessments or services based on assessment results for many reasons,

¹⁶ Powers, L. E., Fullerton, A., Schmidt, J., Geenen, S., Oberweiser-Kennedy, M., Dohn, J., Nelson, M., Iavanditti, R., Blakeslee, J., Research Consortium to Increase the Success of Youth in Foster Care (2018). *Perspectives of Youth in Foster Care on Essential Ingredients for Promoting Self-determination and Successful Transition to Adult Life: My Life Model*. Child Youth Serv Rev., 86, 277-286. <https://doi.org/10.1016/j.childyouth.2018.02.007>



including having interests in after school activities such as sports or clubs, lacking interest in career development activities like their peers, and not having time to participate due to school and current job commitments.

Mental and Behavioral Health Assessment

Dr. Day states in her report that CW policy requires a mental health assessment within 60 days of entering care. Dr. Day overlooks that CW's procedure reflects that children and young adults in foster care are referred for initial screening using the Child and Adolescent Needs and Strengths (CANS) Tool between the 14th and 21st day in out-of-home care.¹⁷ The CANS screens, in part, for emotional, behavioral, and mental health needs. Dr. Day states that the percentage of timely mental health assessments within 60 days dropped in 2020. This data was not cited and cannot be verified but decline of these assessments in 2020 is likely due to the COVID-19 pandemic. However, publicly available data¹⁸ show that the percentage of children who received age appropriate mental, physical, and dental health assessments within 60 days of entering care improved in 2021 (88.1%) and 2022 (88.3%).

Dr. Day also cited the 2022 APSR stating there was no data to assess the effectiveness of various pilot programs aimed at providing crisis mental health and psychiatric support to youth in out-of-home care. However, the current 2024 APSR contains this data. It shows that as of February 2022, 46 individuals, including 29 children, were stabilized in their placement and the programs CW implemented helped to prevent disruption.¹⁹ This report is publicly available and was produced to plaintiffs on July 20, 2023.²⁰

Dr. Day also relied on old data in concluding that CW made no progress on improving timely mental health assessments for children.²¹ More recent data shows that 87.3% of children receive physical, dental, and mental health assessments within 60 days of enrollment in coordinated care organizations.²² This data is publicly available and was produced to plaintiffs on July 20, 2023.²³

¹⁷ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 1/9/2024, (p. 780); *See also* Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 6/1/2020 (pp. 716–717).

¹⁸ [Workbook: 2022 CCO Performance Metrics Data \(state.or.us\)](https://www.oregon.gov/dhs/children/Pages/data-publications.aspx)

¹⁹ Oregon Department of Human Services Child Welfare Division. Annual Progress and Services Report 2024. (June 30, 2023). <https://www.oregon.gov/dhs/children/Pages/data-publications.aspx>.

²⁰ 2024 APSR, submitted on June 30, 2023 (Wyatt_DHS_4467023); 7/20/23 Letter from defendants to plaintiffs re document production.

²¹ Dr. Angelique Day Expert Witness Report. December 15, 2023 (p. 20).

²² See footnote 19, 2024 APSR (p.192).

²³ See footnote 20.



Case Planning

In her report, Dr. Day states that CW has not created individualized case plans in a timely manner and that CW is not reporting whether case plans are being created timely. This is inaccurate, relying largely on the 2022 APSR. The 2023 APSR states, however, that CW has shown an increase in timely completions of case plans since the full implementation of the Family Report.²⁴ PK's *Oregon Child Welfare Review Assessment Findings Report* states that as of June 2022, 87% of cases have a completed case plan, which is an increase from 60% in December 2021. Dr. Day also did not consider relevant data from the 2024 APSR that showed that after implementing the Family Plan (i.e. Family Report), CW saw an increase in the timely completion of case plans (58.2% in 2022) and that this is a measure that local offices and Permanency Program Managers monitor in real time to improve performance.²⁵ Again, the 2023 and 2024 APSRs containing this information are publicly available to Dr. Day and were produced to plaintiffs.²⁶ Further, Oregon CW exceeded the goal of including children and families in the case planning process, as shown in Figure 15 of PK's *Oregon Child Welfare Review Assessment Findings Report*.

Dr. Day also found that there was a "lack of data" to evaluate the efficacy of interventions such as the Family Report and Early Transfer Protocol from the 2022 APSR. The 2023 APSR notes, however, that CW saw notable improvements due to the two initiatives.²⁷ This data was publicly available and produced to plaintiffs on May 22, 2023.²⁸ Further, CW's Monthly Progress reports that are publicly available and produced to plaintiffs also demonstrate that the Family Report and Early Transfer Protocol are showing improvements.²⁹

CW policy requires caseworkers to review the Child Welfare Case Plan at least every 90 days and make appropriate updates³⁰, and provides a guide for supervisors on the 90-Day Review.³¹

²⁴ See footnote 10, 2023 APSR (pp. 37–38).

²⁵ See footnotes 19–20, 2024 APSR (pp. 45–46).

²⁶ See footnotes 10, 19–20, 2023 and 2024 APSRs.

²⁷ See footnote 10, 2023 APSR (pp. 38–39).

²⁸ See footnote 10.

²⁹ See, e.g., Child Welfare Monthly Progress Reports. These reports were publicly available to Dr. Day (<https://www.oregon.gov/odhs/child-welfare-transformation/pages/progress-reports.aspx>) and produced to plaintiffs: December 2022 (Wyatt_DHS_4564523); January 2023 (Wyatt_DHS_4564543); February 2023 (Wyatt_DHS_4564563); March 2023 (Wyatt_DHS_4564585); April 2023 (Wyatt_DHS_4564607); May 2023 (Wyatt_DHS_4564629); June 2023 (Wyatt_DHS_4564651); and July 2023 (Wyatt_DHS_4564465).

³⁰ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 1/9/2024, (p. 539).

³¹ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 1/9/2024, (pp. 712–714).



Placement Setting

Dr. Day's report states that the use of temporary lodging increased from 2019 to 2023, and the data shown in PK's *Oregon Child Welfare Review Assessment Findings Report* shows this is inaccurate. Figure 11, titled "Number of Children or Young Adults with at Least One Day of Temporary Lodging During the Month", shows that the percentage of young adults in temporary lodging was less than one percent of the total number of children and young adults in foster care. Dr. Day's analyses rely extensively on percentages, failing to note that the raw number of children placed out of home in Oregon declined by 25% from 2019 to 2023. While there were nearly ten thousand Oregon children out of home in 2019 (9,721 children), the numeric count was down to 7,334 in 2023.³² This is true even if a constant percentage of the children in group settings over time would result in 25% fewer children in these settings. A percentage is two numbers, a numerator over a denominator. A change in percentage happens when either the numerator or denominator changes. Dr. Day assumes the difference from 2019 to 2023 is a change in the numerator (children who experienced temporary lodging), but there has also been a large decline in the denominator (children in care). Trends in Oregon are more positive than Dr. Day indicates, because Dr. Day is only looking at percentage change (which controls for changes in the population of kids out of home) instead of noting the more dramatic reduction in the raw number. Raw numbers more accurately represent the experience of children in Oregon's care. As noted in Figure 8, titled "Number of Children in Substitute Care 2016–2022" in PK's *Oregon Child Welfare Review Assessment Findings Report*, there was a 30% reduction in the number of children placed out of home from 2018 to 2022.

Dr. Day also references cross-system collaboration regarding residential placements and temporary lodging and states that she has not seen evidence of this collaboration. This cross-system collaboration does exist. As shown in the *Oregon Child Welfare Review Assessment Findings Report*, of the children and young adults identified as at risk of needing temporary lodging in the first two quarters of 2022, 74% were diverted due to cross-system collaboration.³³

In her report, Dr. Day noted that not placing young adults out of state would be a "major improvement" if data could be provided to show this was the case. Figure 19 of the *Oregon Child Welfare Review Assessment Findings Report* illustrates that no children or young adults have been placed out of state since 2020. Further, other publicly available data confirms CW's policy change. The July 2022 Oregon CW Division Vision for Transformation

³² ROM reports Oregon. (2024, February 20). <https://oregon.rom.socwel.ku.edu/reports/6104>

³³ ODHS Child Welfare Division Progress Report, July 2022 (p.8). <https://www.oregon.gov/odhs/child-welfare-transformation/progressreports/cw-progress-report-2022-07.pdf>.



Update, which was publicly available when Dr. Day issued her report, shows that since June 2020, no children in CW custody have been placed out of state.³⁴

In that same section of her report, Dr. Day discusses Oregon's effort to increase the use of kinship placements. Oregon demonstrated an increase in initial relative placements for children and young adults, as shown in Figure 16 of the *Oregon Child Welfare Review Assessment Findings Report*. This graphic shows that initial relative placements have increased consistently and significantly since 2007.

Dr. Day's report also relied on outdated data regarding whether young adults receive individualized assessments and appropriate placements. As the 2023 APSR explains, CW uses multiple tools to aid caseworkers, parents, and resource families in identifying a child's ongoing needs and ensure they are met. The 2023 APSR further notes that CW continues to identify children at risk of temporary lodging and utilizes prevention staffings to collaborate with community partners to identify additional services, supports, and resources that help prevent temporary lodging. As a result, most children at risk of entering temporary lodging remain in their placement.³⁵ Further, as noted previously, CW policy provides that children and young adults in foster care are referred to a CANS screening between the 14th and 21st day in out-of-home care.³⁶

3.4 Oregon CW improved its delivery of independent living services.

In assessing service delivery for young adults in foster care, PK analyzed information regarding IL services, family connections, resource parent support, recruitment and retention, and permanency planning. The following sections include responses to Dr. Day's report and our analysis of each topic with support for our finding.

Service Delivery

As previously mentioned in this report, since 2016, CW introduced a Tiered ILP Model to better assess and meet the needs of young adults transitioning out of foster care. Oregon can now provide a higher percentage of young adults IL services than they could in 2016.

³⁴ Oregon Child Welfare Division Vision for Transformation Update. (July 2022) (p.11).

<https://www.oregon.gov/odhs/child-welfare-transformation/Documents/2022-07-30-progress-report-2021.pdf>

³⁵ See footnote 10, 2023 APSR (p.35–36); Temp Lodging Staffing Data, 6/14/2022 (Wyatt_PK0002985).

³⁶ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 1/9/2024, (p. 780); OAR 413–015–0465.



Oregon's NYTD data³⁷ show that 1,863 young adults received IL services in 2017, which is 24% of the 7,758 children and young adults in care,³⁸ and 1,469 young adults received IL services in 2021, which is 27% of the 5,269 children and young adults in care. CW also hired a new Assistant Program Manager in 2023 to oversee the IL program. This manager assessed CW's utilization for IL services and rewrote the state contracts to connect to the tiered model. The contracts are now performance-based, and as part of that agreement, CW surveys young adults who are using these programs to evaluate their efficacy. This survey process provides young adults with a significant voice in their service delivery and gives them an opportunity to give feedback on how their IL services are structured and delivered. This reinforces CW's commitment to youth and family voices. This ongoing evaluation also connects to the robust CQI and QA process that CW has built and expanded since 2016, which is described in PK's *Oregon Child Welfare Review Assessment Findings Report*.

Dr. Day's report also notes that she was unable to determine if the department was successful in increasing its staffing and support for caseworkers based on a lack of available data. This information exists and was available for Dr. Day's consideration after plaintiffs specifically asked about a staffing surge during depositions. For example, in his September 12, 2023 deposition, Kim Lorz testified that CW had a hiring "surge" of caseworkers at least three years before Dr. Day authored her report.³⁹ Also, in 2022 and 2023, the Oregon legislature approved a number of investments in the state's human services workforce, including 99 central office staff positions to support the CW program and 202 CPS caseworkers and support staff to engage with families and assess potential safety risks.⁴⁰

Additionally, since 2016, CW has made specific investments in staff dedicated to its Independent Living Program. For example, CW added four full-time employees and an Assistant Program Manager to the Independent Living Program. One of the full-time employees added is a young person with lived experience, who supports CW in tailoring services to the needs of young adults transitioning out of foster care. Expanding staff dedicated to ILP helps CW allocate additional resources to IL services and to supporting

³⁷ NYTD Oregon Data Snapshot FY 2017–2021. <https://www.oregon.gov/odhs/data/cwdata/cw-ilp-nytd-snapshot-2017-2021-oregon.pdf>

³⁸ Figure 8. *PK Oregon Child Welfare Review Assessment Findings Report*.

³⁹ Kim Lorz Day Expert Witness Testimony. February 14, 2024 (100:22–101:3); *see also* "Oregon DHS Posts 300+ Jobs in Child Welfare, Protective Services" (July 28, 2019): <https://www.corvallisadvocate.com/2019/oregon-dhs-posts-300-jobs-in-child-welfare-protective-services/>

⁴⁰ 2022 ODHS Legislative Summary. <https://www.oregon.gov/odhs/about/legislativeinformation/2022-end-of-session-report-final.pdf>; 2023 ODHS Legislative Summary. <https://www.oregon.gov/odhs/about/legislativeinformation/2023-end-of-session-report-final.pdf>.



young adults as they transition to adulthood, which addresses a concern shared by Permanency Consultants during focus groups in 2022 that the IL program wasn't resourced well.

Oregon's NYTD data⁴¹ shows an increase in many areas of IL service delivery, including the Independent Living Needs Assessment, which increased from 33 to 52 percent from 2018–2022, and career preparation rose from 39 to 53 percent. Financial services such as budget and financial management increased from 24 to 49 percent. While one service (mentoring) did decrease over this timeframe, the rest of IL services offered showed increased service delivery. In addition, ODHS has a dedicated webpage for children transitioning out of foster care which offers information and resources regarding employment, financial assistance, health care, and other supports.⁴²

Dr. Day also failed to rely on more recent data when discussing CW tracking of caseworker training. The 2023 APSR explains that CW is transitioning to Workday Learning to offer new training opportunities and requirements and consolidate training records.⁴³

Family Connections

Oregon's Vision for Transformation, which was implemented in 2020, focuses on connections to family for children and young adults in foster care. Further, as described in Section 4.10 of PK's *Oregon Child Welfare Review Assessment Findings Report*, Oregon has greatly improved its focus on family connections by increasing services to facilitate Family Time, prioritizing relative placements, establishing a Foster Child Bill of Rights, establishing a Sibling Bill of Rights, and increasing community connections. Oregon's CFSR data, as shown in Table 13 of PK's *Oregon Child Welfare Review Assessment Findings Report*, shows an increase in placements with siblings, increases in placement with relatives, and improvement in reunification within 12 months. All indicating a vast improvement in family connections.

In making her conclusions, Dr. Day did not consider updated and relevant data about CW's priority in maintaining family connections. For example, the 2023 APSR specifically discusses the Oregon Kinship Navigator (OKN) Program, which provides services and support for children cared for by relatives or close non-related families in Oregon.⁴⁴ CW also has a publicly available website dedicated to OKN.⁴⁵ Further, the CW Oregon

⁴¹ NYTD Services Data Snapshot. FY 2018–2022.

<https://www.acf.hhs.gov/sites/default/files/documents/cb/nytd-services-or-2022.pdf>

⁴² Resources for Youth Transitioning out of Foster Care. https://www.oregon.gov/odhs/foster-care-transition/Pages/resources.aspx?wp6942=l:25#q_76dae720_6362_4736_a9c5_573a2367594f.

⁴³ See footnote 10, 2023 APSR (Wyatt_DHS_3194411).

⁴⁴ See footnote 10.

⁴⁵ <https://oregonkinshipnavigator.org/>



Procedural Manual contains policy language describing in detail transition planning for older youth.⁴⁶ This version of the procedure manual is publicly available and was produced to plaintiffs on November 2, 2023.⁴⁷ The 2021 and 2022 CW Data Books also describe in detail ILP services available to youth.⁴⁸ The annual Data Books are publicly available and the 2021 CW Data Book was produced to plaintiffs on January 18, 2023.⁴⁹ CW also maintains a publicly available website describing “Resources for Youth Transitioning out of Foster Care.”⁵⁰

Dr. Day also relied on outdated 2016 CSFR data when assessing whether CW adequately maintained youths’ connections with family members. Oregon began prioritizing kinship care in 2016 and now has one of the highest rates in the country, as described in Section 4.10.4 of PK’s *Oregon Child Welfare Review Assessment Findings Report*.

Recruitment and Retention

Dr. Day noted in her report that DHS had previously made minimal effort to locate, support, or train resource families.⁵¹ This is inaccurate. CW hired 16 Resource Family Retention Champions (“Champions”) to assist with recruitment of resource parents. Since 2021, the Champions team has put out a monthly statewide summary report regarding efforts to recruit and retain resource families and outlining the education and training provided to resource families. These monthly reports have been produced to plaintiffs, including but not limited to the May 2023 report, which was an attachment to the 2024 APSR and was produced on July 20, 2023.⁵² As described by the 2024 APSR, these Champions work to recruit and develop a diverse pool of resource families using data and customer service–focused strategies for a community–wide, family–centered approach to caring for children and young people in their communities.⁵³

⁴⁶ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 8/23/2023, (Wyatt_DHS_4663658). (p. 1140–1189).

http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf

⁴⁷ 11/2/23 Letter from defendants to plaintiffs re document production.

⁴⁸ 2021 Child Welfare Data Book, <https://www.oregon.gov/odhs/data/cwdata/cw-data-book-2021.pdf> (p.18–19).

⁴⁹ 2021 Child Welfare Data Book (Wyatt_DHS_2733259); 1/18/2023 Letter from defendants to plaintiffs re document production.

⁵⁰ <https://www.oregon.gov/odhs/foster-care-transition/Pages/resources.aspx>

⁵¹ Dr. Angelique Day Expert Witness Report. December 15, 2023.

⁵² May 2023 Resource Family Retention and Recruitment Statewide Recap Report (Wyatt_DHS_4466776); 7/20/23 Letter from defendants to plaintiffs re document production.

⁵³ See footnotes 19–20, 2024 APSR (pp. 86–87, 99).



Since 2016, CW has implemented diligent recruitment for resource parents and created a position for a Resource Parent Training Manager, as stated in Section 4.4.2 of PK's *Oregon Child Welfare Review Assessment Findings Report*. Additionally, CW has revised training for resource parents since 2016 in partnership with and based on feedback from Tribes, communities, and resource families, as shown in Section 4.4.4 of the report.

Resource Parent Support

Since 2016, CW has begun providing guidance on independent living to resource parents caring for young adults. This information serves to support resource parents as they help these young adults successfully transition to adulthood and reinforces the external services young adults are receiving. As noted above, CW has also implemented the use of Champions, who use data-driven strategies to actively support and train resource families.

Dr. Day stated in her testimony on February 14, 2024 that she wasn't given materials on post-licensure support services Oregon offers for resource parents.⁵⁴ CW offers several post-certification (Oregon uses the terminology certification versus licensure) services to resource parents, including KEEP®, which is an evidence-based support and skill enhancement program promoting child well-being and preventing placement breakdowns.⁵⁵ Participation provides resource parents up to 24 credit hours of ongoing training towards certification renewal. Oregon offers Kinship Navigator Program, which is a statewide resource for grandparents raising grandchildren and other relative caregivers. The Oregon Kinship Navigator Program has a website (<https://oregonkinshipnavigator.org/>) that offers resources, a service finder, information on legal services, and support groups for kinship resource parents. Other post-certification support services include the following:

- 211info
- Every Child Oregon
- Oregon Foster Parent Association (OFPA)
- Oregon Post Adoption Resource Center (ORPARC)
- Shoulder to Shoulder Conference
- And other national organizations

⁵⁴ Dr. Angelique Day Expert Witness Testimony. February 14, 2024 (24:19–22).

⁵⁵ See footnotes 19–20, 2024 APSR (p. 86).



All information regarding post-certification resources can be found on Oregon's support groups and organizations website.⁵⁶

Dr. Day also failed to include in her report CW's efforts to improve its ability to track foster parent and caseworker training.⁵⁷ The 2024 APSR explains that CW is transitioning to Workday Learning to improve tracking consistency.⁵⁸

Dr. Day also said she would need additional information to determine if kinship caregivers are trained on kinship specific material offered in the National Training and Development Curriculum (NTDC). However, the 2023 APSR explains that CW has implemented Resource and Adoptive Family Training (RAFT) modeled after Spaulding's National Training and Development Curriculum (NTDC) that has been adapted to meet Oregon's language, process, and content needs, and includes said content.⁵⁹ CW also has a dedicated webpage for families to access this content.⁶⁰

Permanency Planning

Dr. Day states in her report that 60 percent of young adults in Oregon aged out of foster care without being connected to a permanent family. This data point does not account for relational permanency, or connections and bonds with a permanent family, and assumes that young adults aging out of care do not have these connections. Permanency data provides quantitative information and cannot imply qualitative conclusions.

Oregon CW's focus on and commitment to permanency planning is evident in CW's Vision for Transformation, which was introduced in 2020. The Vision for Transformation, as described in PK's *Oregon Child Welfare Review Assessment Findings Report*, is focused on improving outcomes for children and young adults and maintaining bonds and connections critical to their well-being.⁶¹ The Vision for Transformation also prioritizes permanency planning, which has been embedded throughout Oregon child welfare practice. One of the ways CW is operationalizing this focus is by establishing a member of the Executive Leadership Team who has a history of permanency planning focus, as described in section 4.6.1 of PK's *Oregon Child Welfare Review Assessment Findings Report*.

⁵⁶ Support Groups and Organizations: <https://www.oregon.gov/odhs/providers-partners/foster-care/Pages/groups.aspx>

⁵⁷ Dr. Angelique Day Expert Witness Report. December 15, 2023, (p. 30).

⁵⁸ See footnotes 19–20, 2024 APSR (p. 110).

⁵⁹ See footnote 10, 2023 APSR (pp. 93–94).

⁶⁰ Resource and Adoptive Family Training (RAFT): <https://www.oregon.gov/odhs/providers-partners/foster-care/pages/training-certification.aspx>

⁶¹ Oregon Department of Human Services. (2020). *Child Welfare Division Vision for Transformation*. <https://www.oregon.gov/odhs/child-welfare-transformation/pages/default.aspx>



Continuous Quality Improvement

Dr. Day states in her report that she recommends continued monitoring of CW.⁶² CW is not under a consent decree for children aging out of care and is not currently being monitored, and still has made significant documented improvements as noted in PK's *Oregon Child Welfare Review Assessment Findings Report*. Section 3.1 of PK's *Oregon Child Welfare Review Assessment Findings Report* describes CW's continuous quality improvement (CQI) processes. Dr. Day stated in her deposition on February 14, 2024 that she did not know if quality assurance efforts went beyond evaluating federal requirements.⁶³ In the publicly available 2023 Annual Progress and Services Report, evaluation efforts are described for Oregon's Kinship Navigator Program, KEEP®, other program evaluations, as well as a full description of the Quality Assurance Program in CW.⁶⁴

Dr. Day said in her testimony on February 14, 2024 that states should always try to implement a new program or intervention with an evaluation component.⁶⁵ CW uses established CQI and quality assurance processes as well as identifying program goals, outcomes, and established measures of progress when implementing new interventions. Dr. Day stated in her testimony on February 14, 2024 that nothing in writing shows that any of the programs CW is implementing has an evaluation component.⁶⁶ The 2023 and 2024 APSRs provide several examples of evaluations of programs CW is currently engaged in, including the Kinship Navigator Program, MyLife, KEEP, Family Support and Connections grant, the Behavioral Health Treatment Foster Care pilot, Equity, Training and Workforce Development program, as well as other programs.

If called as a witness, I would offer testimony as to the matters set forth in this report. The report contains complete statements of my opinions in this case and the basis and reasons for those opinions. The conclusions are reached with a reasonable degree of professional certainty.

Stacey Moss

President, Public Knowledge®

⁶² Dr. Angelique Day Expert Witness Report. December 15, 2023.

⁶³ Dr. Angelique Day Expert Witness Testimony. February 14, 2024 (68:1-6).

⁶⁴ 2023 APSR. (June 30, 2022). <https://www.oregon.gov/dhs/children/Pages/data-publications.aspx>

⁶⁵ Dr. Angelique Day Expert Witness Testimony. February 14, 2024 (166:12-13).

⁶⁶ Dr. Angelique Day Expert Witness Testimony. February 14, 2024 (169:18-20).



Appendix A: Interview Protocol

The purpose of individual interviews was to gather perspectives from leadership and management staff on CW's progress since 2016 regarding independent living services for young adults transitioning out of foster care.

PK conducted interviews with Lacey Andresen and Kelly Brezinski over videoconference. The interview questions are listed in the table below.

Interview Question		Research Question
1.	How has CW's independent living policy changed since 2016?	1
2.	How does the independent living program provide normalcy for children and young adults in foster care?	1
3.	Does the independent living program have the resources it needs?	2
4.	Are independent living services provided consistently across Oregon?	2
5.	What assessments are conducted to determine the need for independent living skills for young adults?	3
6.	Does the Oregon CANS include questions regarding independent living?	3
7.	Has CW increased resources or added positions to the independent living program since 2016?	4
8.	Can you describe the tiered independent living program?	4
9.	What independent living services are provided to young adults in foster care in Oregon?	4
10.	What data are collected to track independent living assessment and service provision?	3,4
11.	What does Oregon CW do well in terms of independent living service provision?	4



Interview Question		Research Question
12.	How could Oregon CW strengthen its independent living service provision?	4
13.	Do you have anything else to add?	NA



Appendix B: Facts and Data

Date	Description	Bates No.
6/1/20	Oregon Department of Human Services Child Welfare Procedure Manual (Rev. 6/1/2020)	Wyatt_DHS_2673813
2022	2022 CCO Performance Metrics Data Workbook: 2022 CCO Performance Metrics Data (state.or.us)	Publicly available
5/2023	Resource Family Retention and Recruitment Statewide Recap Report	Wyatt_DHS_4466776
1/18/23	Letter from defendants to plaintiffs re defendants' 53rd supplemental production	NA
5/22/23	Letter from defendants to plaintiffs re defendants' 61st supplemental production	NA
7/20/23	Letter from defendants to plaintiffs re defendants' 63rd supplemental production	NA
11/20/23	Letter from defendants to plaintiffs re defendants' 70th supplemental production	NA
7/21/23	ILP Policy Transmittal CW-PT-23-010 (https://www.oregon.gov/odhs/transmittals/cwtransmittals/pt23010.pdf)	Publicly available
12/15/23	Documents cited in Dr. Angelique Day's Expert Witness Report, dated December 15, 2023	Multiple

UNITED STATES DISTRICT COURT

DISTRICT OF OREGON

EUGENE DIVISION

WYATT B., et al,

Plaintiff,

v.

TINA KOTEK, et al ,

Defendants.

CASE NO. 6:19-cv-00556-AA

CERTIFICATE OF SERVICE

I am employed by the law firm of Rizzo Bosworth Eraut PC in Portland, Oregon. I am over the age of eighteen years and not a party to the subject cause. My business address is 1300 SW Sixth Avenue, Suite 330, Portland, OR 97201.

On the date below, I caused to be served on all parties in this action by transmitting a true copy thereof:
Declaration of Steven Rizzo in Support of Motion to Exclude Stacey L. Moss

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Dated this 9th day of April, 2024.

s/ Cheridan Carr
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Paralegal